NISHTAR
PUBLICATIONS (Pvt). Ltd.

DOCTOR MEDICAL LECTURES
DML
Since 2018

# ACE THE NRE
## STEP 1

### Cover Highlights
- ✓ High Yield MCQ's
- ✓ Golden Points
- ✓ Syndromes
- ✓ Past Papers

DR.SADIQ ALI

Dr.SadiqAli
doctor_medical_lecture_academy
03115022487 / 03159019210
Doctor Medical Lectures Academy

**Dr. Sadiq Ali**

Gangaram
Jinnah Books
0321-2066562

# TABLE OF CONTANT

| SR # | DESCRIPTION | PAGE NO |
|---|---|---|
| 01 | ANATOMY (ABDOMEN) | 01 |
| 02 | ANATOMY (HEAD & NECK) | 04 |
| 03 | ANATOMY (UPPER LIMB) | 07 |
| 04 | ANATOMY (LOWER LIMB) | 10 |
| 05 | ANATOMY (NEURO) | 12 |
| 06 | ANATOMY (THORAX) | 18 |
| 07 | APPLIED PATHOLOGY | 21 |
| 08 | APPLIED PHYSIOLOGY | 27 |
| 09 | BIOCHEMISTRY | 33 |
| 10 | EMBRYOLOGY | 39 |
| 11 | MICROBIOLOGY | 42 |
| 12 | VIROLOGY | 48 |
| 13 | MYCOLOGY | 52 |
| 14 | DERMATOLOGY | 57 |
| 15 | GYNAECOLOGY | 62 |
| 16 | OBSTETRICS | 67 |
| 17 | IMMUNOLOGY | 70 |
| 18 | OPHTHALMOLOGY | 75 |
| 19 | ENT | 79 |
| 20 | COMMUNITY MEDICINE | 85 |
| 21 | FORENSIC MEDICINE | 88 |
| 22 | INTERNAL MEDICINE | 92 |
| 23 | IM GIT | 101 |
| 24 | IM HEMA | 112 |
| 25 | IM RENAL | 121 |
| 26 | IM RESPIRATORY SYSTEM | 127 |
| 27 | INFECTIOUS DISEASES | 132 |
| 28 | MUSCULOSKELETAL SYSTEM | 138 |
| 29 | NERVOUS SYSTEM | 143 |
| 30 | REPRODUCTIVE SYSTEM | 151 |
| 31 | PARASITOLOGY | 153 |
| 32 | PEDIATRICS | 155 |

| | | |
|---|---|---|
| 33 | PSYCHIATRY | 165 |
| 34 | SURGERY | 170 |
| 35 | APPLIED ANATOMY | 198 |
| 36 | BIOCHEMISTRY | 202 |
| 37 | INTERNAL MEDICINE CVS | 205 |
| 38 | IM ENDOCRINE SYSTEM | 207 |
| 39 | IM HEMATOLOGY | 208 |
| 40 | IM GIT | 211 |
| 41 | HEPATOBILIARY TRACT | 213 |
| 42 | EMBRYOLOGY & REPRODUCTIVE SYSTEM | 214 |
| 43 | AUTONOMIC NERVOUS SYSTEM (ANS) | 216 |
| 44 | AMA | 219 |
| 45 | RENAL SYSTEM | 220 |
| 46 | MUSCULOSKELETAL SYSTEM | 222 |
| 47 | GYNAECOLOGY | 223 |
| 48 | OPHTHALMOLOGY | 226 |
| 49 | DERMATOLOGY | 227 |
| 50 | E.N.T | 228 |
| 51 | PEADS | 229 |
| 52 | PSYCHIATRY | 230 |
| 53 | SURGERY | 231 |
| 54 | COMMUNITY MEDICINE | 234 |
| 55 | FORENSIC MEDICINE | 236 |
| 56 | IMMUNOLOGY | 239 |
| 57 | EMBRYLOOGOY & REPRODUCTIVE SYSTEM | 241 |
| 58 | MICROBIOLOGY | 242 |
| 59 | NRE 15TH DEC 2024 PAST PAPER | 244 |
| 60 | NRE 2ND JUNE 2024 PAST PAPER | 261 |
| 61 | DIAGNOSTIC TRIADS TO DIAGNOSE VARIOUS CONDITION | 274 |

# ANATOMY (ABDOMEN)

1. **Infection from an inflamed appendix is likely to spread via the lymphatics to the:**

A. Superior mesenteric nodes
B. Celiac nodes
C. Splenic nodes
D. Inferior mesenteric nodes
ANS: A

2. **A 54- year old man with a long history of duodenal ulcer was seen in the emergency department after vomiting blood stained fluid and exhibiting all the signs and symptoms of severe hypovolemic (loss of blood. shock. Assuming the ulcer had perforated the posterior wall of the first part of the duodenum, name the artery that is most likely to have been eroded**

A. The splenic artery
B. The right gastric artery
C. The gastroduodenal artery
D. The right gastroepiploic artery
ANS: C

3. **Most common site of appendix is**

A. Paraceacal
B. Retroceacal
C. Retroileal
D. Pelvic
ANS: B

4. **The porta-systemic anatomoses involve the following important veins except:**

A. Superficial abdominal and paraumbilical
B. Inferior rectal vein & Inferior mesenteric vein
C. Tributaries of the vena azygos and the left gastric vein
D. Superior rectal vein & inferior mesenteric vein
ANS: B

5. **Positive ring occlusion test is seen in?**

A. Direct inguinal hernia
B. Indirect inguinal hernia
C. Femoral Hernia
D. Strangulated Hernia
ANS: B

6. **A 6-month old male child is brought to clinic with complain of swelling in the right groin and scrotum since birth. According to his mother the swelling and right scrotum has increased in size gradually and it becomes bigger when the child cries and reduces when he is sleeping. On examination the child has a non-tender reducible swelling of the right side of scrotum. What is the most likely diagnosis?**

A. Direct inguinal hernia
B. Hydrocele
C. Indirect inguinal hernia
D. Patent processes vaginalis
ANS: C

7. **The major supply of the Lower half of Greater Curvature of Stomach Is mainly supply by Right gastroepipoliac artery which come from which of the following source**

A. Splenic artery
B. Common Hepatic artery
C. Left gastric artery
D. Gastroduodenal artery
ANS: D

8. **Strongest layer of intestine (Small Bowel. in GIT is**

A. Mucosa
B. Submucosa
C. Serosa
D. Circular Muscle
ANS: B

9. **A 65 year old male with a history of thinning of trinary stream and intermittency woke up in morning with lower abdominal pain and inability to pass urine. Examination showed suprapubic distension. Per rectal examination is likely to show:**

A. Carcinoma Prostate
B. Carcinoma Rectum
C. BPH
D. PR examination is not useful in this case
ANS: C

**10. All of the following structures passes through the aortic hiatus at T12 except?**
A. Aorta
B. Azygos vein
C. Vagus nerves
D. Thoracic duct
ANS: C

**11. The pectinate line of the anal canal represents the transition between:**
A. Columnar and stratified squamous epithelium
B. Internal and external hemorrhoids
C. Hindgut and ectodermal derivatives
D. SMA and IMA territories
ANS: C

**12. The cremasteric muscle is derived from which layer?**
A. External oblique
B. Internal oblique
C. Transversus abdominis
D. Transversalis fascia
ANS: B

**13. The following Statement regarding Splenic artery are true except**
A. It is tortuous in nature
B. Is is the longest branch of Celiac trunk
C. It supply fundus of stomach through Right gastric atery
D. It's give rise to Panreatic arteries
ANS: C

**14. What is the most common site found for appendix during appendectomy**
A. Paraceacal
B. Pelvic
C. Anterior to terminal ileum
D. Retro- ceacal
ANS: D

**15. The fascia transversalis contribute to which of the following structure on the anterior abdominal wall**
A. Deep inguinal ring
B. Superficial inguinal ring
C. Inguinal ligament
D. Anterior wall of inguinal canal
ANS: A

**16. Which of the following structure form the posterior wall of inguinal canal**
A. Conjoint tendon
B. Internal oblique muscle
C. Tranversus abdominus muscle
D. Lacunar ligament
ANS: A

**17. The common bile duct passes posterior to which structure?**
A. First part of the duodenum
B. Head of the pancreas
C. Portal vein
D. Gastroduodenal artery
ANS: A

**18. Regarding testicular artery which one is correct**
A. Is mainly from Ductal artery
B. Right testicular vein drain into Inferior vena cava
C. Varicocele common on left side
D. Venous drainage doesn't have valve
ANS: B

**19. A 56 year old man comes to the hospital with abdominal pain jaundice, loss of appetite and weight loss. On examination of his radiogram and CT Scan a physician finds growing tumour in the uncinated process of pancreas. Which of the following is most likely compressed.**
A. Splenic artery
B. Portal Vein
C. Superior mesenteric artery
D. Superior pancreaticoduodenal artery
ANS: C

**20. A man is brought to emergency department after meeting with an accident and injured perineum. He feels an urge to micturate but is unable to pass urine. There is blood at the tip of meatus with extensive swelling of the penis and scrotum. What is the possible site of injury?**
A. Penile Urethra
B. Bulbar urethra
C. Membranous Urethra
D. Urinary Bladder
ANS: B

**21. Porta hepatis gives passage to all structures except**
A. Portal vein
B. Hepatic artery
C. Hepatic ducts
D. Cystic artery
ANS: D

**22. Appendicular artery is a branch of**
A. Inferior mesenteric
B. Inferior epigastric
C. Ileocolic
D. Testicular
ANS: C

**23. The ligament of Treitz marks the transition between:**
A. Duodenum and jejunum
B. Jejunum and ileum
C. Ileum and cecum
D. Stomach and duodenum
ANS: A

**24. Gubernaculum is represented postnatally by**
A. Tunica vaginalis testes
B. Processus vaginalis
C. Ductus deferens
D. Scrotal ligaments
ANS: D

**25. Lymphatic spread of carcinoma of the fundus of the stomach is likely to metastasize to the**
A. Internal iliac nodes
B. Superior mesenteric nodes
C. Inferior mesenteric nodes
D. Celiac nodes
ANS: D

# ANATOMY (HEAD & NECK)

1. **The foramen spinosum transmits which of the following structure:**
A. Mandibular nerve (V3.
B. Maxillary nerve (V2.
C. Middle meningeal artery
D. Hypoglossal nerve
ANS: C

2. **All intrinsic tongue muscles are innervated by Hypoglossal Nerve (CN XII. EXCEPT:**
A. Palatoglossus
B. Genioglossus
C. Hyoglossus
D. Styloglossus
ANS: A

3. **The superior orbital fissure transmits all EXCEPT:**
A. Oculomotor nerve (CN III.
B. Trochlear nerve (CN IV.
C. Maxillary division of Trigeminal nerve (CNV2.
D. Abducens nerve (CN VI.
ANS: B

4. **Lucid interval is seen in epidural Hematoma Which od the following vessel most commonly bleed in epidural Hematoma**
A. Middle cerebral artery
B. Middle Meningeal artery
C. Maxillary artery
D. Anterior cerebral artery
ANS: B

5. **A baby brought to clinic with features of severe spasm of Hand muscles, Abnormal facies and Echo show Ventricular septal defect ( VSD. and his serum calcium was Dec assuming the Diagnosis of DiGeorge syndrome which of the following embryonic structure fail to to develop**
A. 3rd and 4th phyrngeal Arch
B. 3rd and 4th phyrngeal pouch
C. 1st and 2nd phyrngeal pouch
D. 3rd and 6th phyrngeal pouch
ANS: B

6. **All of the following pairs are true except**
A. Foramen Spinosum Middle Meningeal artery
B. Foramen lacerum Internal carotid artery
C. Foramen ovale Mandibular branch of trigeminal nerve
D. Foramen Rotundum Ophthalmic division of trigeminal nerve
ANS: D

7. **The sigmoid sinus are paired abd form S shaped Channel in the floor of the posterior cranial fossa which drain into which of the following structure**
A. Superior sagittal sinus
B. Intenal jugular vein
C. Inferior sagittal vein
D. Cavernous Sinus
ANS: B

8. **The muscle that abducts the vocal cords is:**
A. Posterior cricoarytenoid
B. Lateral cricoarytenoid
C. Thyroarytenoid
D. Cricothyroid
ANS: A

9. **The third pharyngeal pouch gives rise to:**
A. Superior parathyroids
B. Inferior parathyroids and thymus
C. Palatine tonsils
D. Parafollicular cells
ANS: B

10. **Carcinoma from the tip of the tongue netasatize in to:**
A. Submandibular nodes
B. Submental nodes
C. Jugulo-omohyoid nodes
D. Deep cervical nodes
ANS: B

**11. Special sensation (Taste fibers. innervate the anterior two third of tongue innervated by which of the following :**

A. Chorda tympani (CN VII.
B. Trigeminal nerve (CN V.
C. Glossopharyngeal nerve (CN IX.
D. Hypoglossal nerve (CN XII.
**ANS: A**

**12. All of the following muscles as group together are muscles of Mastication except**

A. Pterygoid muscle
B. Buccinator
C. Temporalis
D. Masseter muscle
**ANS: B**

**13. The structure which seperate anterior from posterior triangle of Neck is**

A. Sternocleiodomastoid muscle
B. Trapezius
C. Scalene anterior
D. Platysma
**ANS: A**

**14. A 26-year old man comes to the physician for a follow-up examination. Two weeks ago, he was treated in the emergency department for head trauma after being hit by a bicycle while crossing the street. Neurological examination shows decreased taste on the right anterior tongue. This patient's codition is most likely caused by damage to a cranial nerve that is also responsible for which of the following?**

A. Uvula movement
B. Facial sensation
C. Eyelid closure
D. Tongue protrusion
**ANS: C**

**15. A 1-month old boy is brought to the physician by his mother because of a 2 week history of persistent watering of the eyes. On physical examination, palpation of th elacrimal sac causes tears to leak from the lacrimal punctum. The physician concludes that the most likely cause of the patient's symptoms is the congenital obstruction of a duct. The duct that is most likely obstructed in this patient drains into which of the following structures?**

A. Inferior nasal meatus
B. Sphenoethmoidal recess
C. Pharyngeal recess
D. Middle nasal meatus
**ANS: A**

**16. In dislocation of the jaw, displacement of the articular disk beyond the articular tubercle of the temporomandibular joint results from spasm or excessive contraction of which of the following muscles?**

A. Buccinator
B. Lateral pterygoid
C. Medial Pterygoid
D. Masseter
**ANS: B**

**17. Which muscle is responsible for depressing the mandible?**

A. Masseter
B. Temporalis
C. Medial pterygoid
D. Lateral pterygoid
**ANS: D**

**18. Parasympathetic innervation to the parotid gland is provided by lesser petrol nerve which is a branch of :**

A. Glossopharyngeal nerve (CN IX.
B. Facial nerve (CN VII.
C. Vagus nerve (CN X.
D. Trigeminal nerve (CN V.
**ANS: A**

**19. The otic ganglion is parasympathetic ganglion which is associated with.**

A. Glossopharyngeal Nerve
B. Facial Nerve
C. Vagus Nerve
D. Trigeminal Nerve
ANS: A

**20. A neck laceration affecting sensation over the angle of the mandible injuries the.**

A. Great Auricular Nerve
B. Lesser Occipital Nerve
C. Supraclavicular Nerve
D. Transverse cervical nerve
ANS: A

# ANATOMY (UPPER LIMB)

**1. A 25 year old young female few months ago diagnosed for metastatic left side breast cancer and later she underwent for Radical mastectomy. After surgery few months later she complain off weakness in shoulder movement and on examination she has winged scapula. According to clinical senario the nerve damage is most likely having root value is**

A. Long thoracic nerve
B C5, C6, C7 and C8
C. C5, C6, C7
D. C8, T1
ANS: C

**2. A 28 years old patient presented in clinic with swelling in left Hand after motorcycle accident injury. On Examination the involvement of Thenar Muscles was Noted . Which of the Following most likely nerve to be Compressed in this structure**

A Axillary Nerve
B. Ulnar Nerve
C. Median Nerve
D. Radial Nerve
ANS: C

**3. All of the Following Regarding Median Nerve are True Except**

A. Innervated Flexor Carpii radialis
B. Innervated Medial Half of Flexor Digitorum profundus
C. Commonly Compressed in Carpal Tunnel syndrome
D. Innervated Thenar Muscles in Hand
ANS: B

**4. A 32 years old male Brought to emergency department after Road Traffic accident ( RTA. X ray show surgical Neck Fracture of Humerus and there is loss of abduction upto 90 degree most likely lesion in**

A. Musculocutaneous nerve
B. Radial Nerve
C. Ulnar Nerve
D. Axillary Nerve
ANS: D

**5. In Erb Duchene Palsy the clinical presentation is Fully Extended and adducted Hand medially rotated and Pronated (Waiter tip anomaly. the roots involved will b**

A. C5, C6, C7
B. C5, C6
C. C5, C6, C7, C8, T1
D. C8, T1
ANS: B

**6. The deep palmar arch is formed by**

A. Radial artery
B. Branch of Ulnar artery
C. Ulnar artery
D. Branch of Radial artery
ANS: A

**7. The nerve which passes through the Quadrangular space and then wind around surgical neck of Humerus which innervate teres minor and Deltoid is**

A. Radial Nerve
B. Axillary Nerve
C. Musculocutaneous Nerve
D. Median Nerve
ANS: B

8. **A stab wound injury in the axilla which result loss of supination and Flexion at elbow joint most likely structure demage is**

A. Radial Nerve
B. Axillary Nerve
C. Musculocutaneous Nerve
D. Median Nerve
**ANS: C**

9. **A 28 years old male who is professional tennis player presented to physician with pain on lateral aspect of his elbow radiating down his forearm. Repetitive use of which of the following structure leads to patient this condition.**

A. Bicep brachii
B. Extensor Carpii Ulnaris
C. Extensor Carpii radialis
D. Flexor Carpii Ulnaris
**ANS: C**

10. **All of the following regarding Cubital Fossa are true except**

A. Medial border is formed by Pronator muscle
B. Base is formed by imaginary line between two epicondyles of Humerus
C. Brachial artery lies lateral to Bicep tendon
D. Median nerve lies most medially
**ANS: C**

11. **A patient present to the emergency department with complain of inability to extend the wrist the most likely structure damaged in the brachial plexus will be.**

A. Lateral cord
B. Posterior cord
C. Medical cord
D. Long thoracic nerve
**ANS: B**

12. **A 35 yr pregnant women has been having tingling and numbness of her thumb, index and middle fingers for a while she has been treated with local steroids but it hasn't helped her much and now she has planned to undergo a surgical procedure. Which of the following structures will be incised?**

A. Flexor digitorum profoundus
B. Transverse carpal ligament
C. Plamar aponeuriosis
D. Extensor retinaculum
**ANS: B**

13. **A 50-year old man presented in an OPD with redness, pain and burning sensation in his forearm. He complains of loss of sensation in his little finger and medial aspect of hand for which doctor-diagnosed cellulitis of forearm. Which nerve is most likely to be involved?**

A Intercostobrachial Nerve
B. Median Nerve
C. Radial Nerve
D. Ulnar Nerve
**ANS: D**

14. **A 22 years old construction worker is brought to the ER after falling down on his outstretched right hand. Ax x-ray film reveals a fracture of one of th ewrist bones. O/E tenderness at snuffbox. The physician is concerned about the risk for avascular necrosis. Which of the following bones was fractured?**

A. Capitate
B. Scaphoid
C. Lunate
D. Radial
**ANS: B**

**15. The proximal row of carpal bones includes all the following carpal bones except which?**

A. The pisiform
B. The capitate
C. The lunate
D. The triquetral
ANS: B

**16. All of the following pairs are true except**

A. Ape Hand Median nerve palsy
B. Wrist drop Radial nerve palsy
C. Saturday night palsy Ulnar nerve palsy
D. Winging of Scapula Long Thoracic nerve palsy
ANS: C

**17. The most likely nerve damage in supra condylar fracture of Humerus is**

A. Median Nerve
B. Ulnar Nerve
C. Musculocutaneous Nerve
D. Radial Nerve
ANS: A

**18. The most common structure which is injured in Rottator Cuff injury is**

A. Infraspinatous
B. Teres Minor
C. Supraspinatous
D. Subscapularis
ANS: C

**19. A 35 years old male is admitted to the emergency department after road traffic accident ( RTA. . Radiological examination show multiple fractures of humerus. Flexion and supination of forarm are weakened. He also has loss of sensation on lateral aspect of forearm and he can't touch his finger tips with shoulder most likely nerve to be injured is**

A. Radial Nerve
B. Median nerve
C. Musculocutaneous nerve
D. Ulnar nerve
ANS: C

**20. If there is a sensory loss over a variable area on the dorsum of the hand and proximal part of dorsal surface of the lateral 3 ½ finger, the nerve damaged is:**

A. Deep branch of radial
B. Superficial branch of radial
C. Lateral cutaneous nerve of forearm
D. Dorsal cutaneous branch of ulnar nerve
ANS: B

**21. A 21-year old man receives a knife wound that serves the roots of C5 and C6 of the brachial plexus. The muscle most likely paralyzed would be:**

A. Palmaris Brevis
B. Flexor Carpi Ulnaris
C. Infraspinatus
D. Palmer Interossei
ANS: C

**22. A person was brought to the emergency with a stab wound in his right flexor retinaculum. On exploration, the patient was found to have a severed median nerve. He is most likely suffer from loss of:**

A. Extension of the middle finger
B. Flexion of the Index finger
C. Sensation over thenar eminence
D. Movement of thenar muscles
ANS: D

**23. A 52 years old women present in OPD with inability to adduct and medially rotate her arm after right mastectomy. Examination showed loss of function of latissimis dorsi muscle. The nerve supplying this muscle derived from which of the following**

A. Lateral cord of brachial plexus
B. Lumbosacral plexus
C. Posterior cord of brachial plexus
D. Medial cord of brachial plexus
ANS: C

# ANATOMY (LOWER LIMB)

**1. Dr Sana is operating a patient with myocardial infarction, she will prefer following structure for the bypass graft.**

A. Femoral vein
B. Great saphenous Vein
C. Small Saphenous Vein
D. Profunda femoris Vein
ANS: **: B**

**2. A 15 year old boy is brought to emergency after a fall from his bicycle X ray reveals fracture of head of fibula. On physical examination the patient has a foot drop. Which of the following nerves is most likely injured?**

A. Tibial
B. Common Fibular (peroneal.
C. Superficial Fibular (Peroneal.
D. Saphenous
ANS: **: B**

**3. While playing football a person falls on the ground because of loss of abduction of the tibia on femur. Dr. Sheharyar is of the opinion that ligament has been injured. The most likely structure is:**

A. Lateral Collateral ligament
B. Capsule of knee Joint
C. Medial Collateral Ligament
D. Ligamentum patellac
ANS: **: C**

**4. A 24 years old female Primigravida with prolonged labour in Lithotomy position was unable to walk to properly after delivery. She could not dorsiflex her left foot properly. The most likely structure involved is**

A. Tibial Nerve
B. Deep peroneal Nerve
C. Femoral Nerve
D. Superficial Peroneal nerve
ANS: **: B**

**5. All of the following muscle in Posterior compartment of Thigh innervated by Tibial component of Sciatic Nerve except**

A. Semimembranosus
B. Semitendinosus
C. Short Head of Bicep Femoris
D. Long Head of Bicep Femoris
ANS: **: C**

**6. The longest component of scaitic nerve is Tibial Nerve which of the Following it's Roots value**

A. L4, L5, S1, S2
B. L4, L5, S1, S2, S3
C. L4, L5, S1
D. L5, S1, S2
ANS: **: B**

**7. All of the following regarding Femoral triangle are true except**

A. Medial border is formed by abductor longus
B. Femoral artery lies lateral to femoral nerve
C. Lateral border formed by Sartorius
D. Base is formed by inguinal ligament
ANS: **: B**

**8. Patient after road traffic accident ( RTA. got fracture of Neck of Fibula. The Patient has loss of dorsiflexion and eversion of foot most like structure damaged is**

A. Tibial Nerve
B. Common Peroneal Nerve
C. Deep Peroneal Nerve
D. Superficial Peroneal Nerve
ANS: **: B**

9. **The common artery to pulsate in lower limb is Femoral Artery which is Commonly Pulsated at the level of**

A. Mid point of inguinal ligament
B. At pubic tubercle
C. Lateral to ASIS
D. Mid inguinal point
**ANS: D**

10. **All of the following regarding Great Sephanous Vein are True except**

A. Formed by medial tarsal vein and dorsal venous plexus
B. Passes Behind medial Malleolus
C. Drain into Femoral vein
D. Common used for Graft purpose
**ANS: B**

11. **All of the following structures are involved in Unhappy triad except**

A. Medial meniscus
B. Anterior Cruciate ligament
C. Medial Collateral Ligament
D. Posterior Cruciate ligament
**ANS: : D**

12. **A 48 years old man presents with difficulty walking and frequent tripping over his toes. On examination, he has foot drop and weakness of dorsiflexion. Which nerve is most likely affected?**

A. Tibial nerve
B. Common peroneal nerve
C. Obturator nerve
D. Femoral nerve
**ANS: B**

13. **A patient presents with an inability to stand on their tiptoes and weakness in foot plantarflexion. Which nerve is most likely affected?**

A. Superficial peroneal nerve
B. Tibial nerve
C. Deep peroneal nerve
D. Femoral nerve
**ANS: B**

14. **A 58 -year-old man presents with severe pain in the first metatarsophalangeal joint. He reports waking up with extreme pain in his big toe. What is the most likely diagnosis?**

A. Rheumatoid arthritis
B. Gout
C. Septic arthritis
D. Osteoarthritis
**ANS: B**

15. **A patient is unable to abduct their thigh and experiences difficulty climbing stairs. The Trendelenburg sign is positive. Which nerve is most likely affected?**

A. Femoral nerve
B. Sciatic nerve
C. Obturator nerve
D. Superior gluteal nerve
**ANS: D**

16. **A 42 -year-old man presents with heel pain that is worse in the morning when taking his first steps. The pain improves with activity. What is the most likely diagnosis ?**

A. Achilles tendinitis
B. Plantar fasciitis
C. Tarsal tunnel syndrome
D. Stress fracture
**ANS: B**

17. **A 35-year-old woman presents with numbness and tingling in the lateral aspect of her thigh. She has no motor weakness. Which nerve is compressed?**

A. Femoral nerve
B. Lateral femoral cutaneous nerve
C. Obturator nerve
D. Sciatic nerve
**ANS: B**

# ANATOMY (NEURO)

**1. Which of the following is a direct neurotransmitter of the nigrostriatal pathway?**
A. Acetylcholine
B. Dopamine
C. Serotonin
D. GABA
ANS: B

**2. The facial nerve (CN VII. is mixed in nature which carries which of the following :**
A. Taste to the anterior 2/3 of the tongue
B. General sensation to the face
C. Innervation to the parotid gland
D. All of the above
ANS: A

**3. A newborn baby having large cystic mass in the lumbar region. Filled with CSF and herniated through vertebral defect. No neurological deficit in the baby noted On examination the meningeal layers protruding which defect is most likely expected in this baby**
A. Meningocele
B. Spinal Bifida
C. Meningomyelocele
D. Lordosis
ANS: A

**4. A patient with dilated pupil, ptosis, and lateral deviation of the eye has a lesion in:**
A. CN III
B. CN IV
C. CN VI
D. Sympathetic chain
ANS: A

**5. Which of the following artery supplies Broca's area?**
A. Anterior cerebral artery
B. Middle cerebral artery
C. Posterior cerebral artery
D. Basilar artery
ANS: B

**6. The most common vessel bleed in epidural hematoma is:**
A. Middle cerebral artery
B. Middle Meningeal Artery
C. Middle cerebellar artery
D. Medullary artery
ANS: B

**7. All of the following muscle of the tongue are supplied by hypoglossal nerve except:**
A. Genioglossus
B. Palatoglossus
C. Hypoglossus
D. Styloglossus
ANS: B

**8. A patient sustains an injury to the corticospinal pathway on the left side at the C2 level of the spinal cord. What clinical manifestations would you anticipate?**
A. Left sided limb muscle weakness
B. Left sided muscle spasticity
C. Brisk reflexes on the left side
D. All of the above
ANS: D

**9. Which structure would not be observed in a cross section of the adult medulla, specifically in the midolivary region?**
A. Hypoglossal nucleus
B. Pyramidal decussation
C. Lateral Reticular nucleus
D. Nucleus ambiguous
ANS: B

**10. All of the following drain into confluence of sinus except**
A. Superior saggital sinus
B Straight sinus
C. Transverse sinus
D. Occipital sinus
ANS: C

11. A 65-year old male with the known case of hypertension, presented in the emergency OPD with the complaint of loss of sensation on the left side of his body. On examination he is conscious without any evidence of paralysis of any part of his body. On examination he is conscious without any evidence of paralysis of any part of his body, diagnosis revealed stroke due to the excessive sensitivity on light tough, which of the following area is most likely to be involved in this bleeding?

A. Cerebral cortex
B. Hypothalamus
C. Internal Capsule
D. Thalamus

ANS: D

12. A 33-year old male after a RTA presented in the ER with the complaint of skull injury with severe headache. Neurological examination was normal, CT scan was advised. Which one of the following is the most common structure likely to be damaged?

A. Cerebral arteries
B. Cerebral veins
C. Dural Sinus
D. Pia Matter

ANS: B

13. A patient with loss of pain/temperature on the left side of the body and right-sided facial loss has a lesion in the:

A. Left spinal cord (Brown-Séquard syndrome.
B. Right medulla (lateral medullary syndrome.
C. Left pons
D. Right thalamus

ANS: B

14. A, female with symptoms of Hyperprolactinemia was diagnosed for pituitary adenoma, if the same tumour anteriorly it will compress which of the following structure

A. Cavernous sinus
B. Optic Nerve
C. Optic tract
D. Optic chiasma

ANS: B

15. A 67-year old woman with metastatic lung cancer complains of recent hoarseness and difficulty swallowing. On examination, there is loss of the gag reflex on the left side and uvula deviation to the right when the patient is prompted to say"ah." There is also weakness of her left sternocleidomastoid and trapezius muscles. A lesion involving which of the following anatomical structures is most likely responsible for the patient's symptoms?

A. Cribriform plate
B. Foramen ovale
C. Foramen Rotundum
D. Jugular Foramen

ANS: D

16. A 62-year-old man comes to the physician complaining of double vision. He first noticed mild difficulty focusing his eyes about 3 weeks ago and his symptoms have progressively worsened. The patient's other medical problem includes metastatic prostate cancer. On neurologic examination, he is unable to adduct his left eye, and stimulation of the left cornea does not elicit a corneal reflex. A lesion involving which of the following anatomical structures is most likely responsible for this patient's symptom?

A. Inferior orbital fissure
B. Optical canal
C. Superior orbital fissure
D. Foramen rotundum

ANS: C

**17. The hoarseness of a patient is most likely due to which of the following**

A. Lesion in facial nucleus
B. Lesion in nucleus ambigous
C. Lesion in trigeminal tract
D. Lesion in hypoglossal canal
ANS: B

**18. A 67-year old man is brought to the emergency department by his wife. She explains that he fell suddenly, could not get up, and complained of feeling sick. The examination revealed a left-sided weakness of the upper and lower extremities, a lack of most movement of the right eye, and a dilated pupil on the right. MRI shows an infarcted area in the brainstem. The weakness of this man's extremities is explained by damage to the axons of cell bodies that are located in which of the following regions of the brains?**

A. Left somatomotor cortex
B. Right anterior paracentral gyrus
C. Right crus cerebri
D. Right somatomotor cortex
ANS: D

**19. A 32-year old woman is seen in the emergency department complaining of severe headaches and difficulty walking. She is noted to be lethargic. On CT imaging of the head, she is noted to have enlargement of bilateral lateral ventricles and the third ventricle. The fourth ventricle is noted to be normal. The most likely obstruction in this patient is the**

A. Foramen of Luschka
B. Foramen of Magendie
C. Cerebral aqueduct
D. Cisterna magna
ANS: C

**20. A patient came with history of speech problem. During examination deviation of protruded tongue to the left indicates damage to**

A. Right hypoglossal nerve
B. Left hypoglossal nerve
C. Left vagus nerve
D. Right vagus nerve
ANS: B

**21. The nucleus responsible for collecting taste sensation from the roots of tongue is**

A. Nucleus of tractus solitarius
B. Edenghar wistphal nucleus
C. Nucleus anbigious
D. Superior olivary nucleus
ANS: A

**22. In syringomyelia, all are correct EXCEPT:**

A. Bilateral loss of pain and temperature in the affected dermatomes.
B. Bilateral loss of touch sensation in the affected dermatomes.
C. Dilatation of the central canal.
D. Destruction of the crossing fibers of the lateral spinothalamic tracts
ANS: B

**23. Signs of lower motor neuron lesion include all of the following EXCEPT:**

A. Atrophy of muscles
B. Fibrillation
C. Flaccidity
D. Clonus
ANS: D

**24. The lateral medullary syndrome is usually due to occlusion of the:**

A. Anterior spinal artery
B. Posterior spinal artery
C. Anterior inferior cerebellar artery
D. Posterior inferior cerebellar artery
ANS: D

**25. Motor aphasia are associated with a lesion in which of the following**

A. Broca area
B. Wernicke area
C. Angular area
D. Temporal lobe
ANS: A

**26. Which one of the following arteries is a branch of the basilar artery:**

A. Anterior inferior cerebellar artery.
B. Posterior inferior cerebellar artery.
C. Anterior spinal artery.
D. Posterior spinal artery
ANS: A

**27. Regarding the CSF, one of the following is INCORRECT**

A. The main volume is present in the ventricles of the brain.
B. The choroid plexus is the main site of production.
C. The arachnoid villi and granulations are the main site of absorption (drainage..
D. It reaches the subarachnoid space through the 3 foramina of the fourth ventricle
ANS: A

**28. A patient with left-sided weakness and right facial droop has a lesion in the:**

A. Left medulla
B. Right pons
C. Left internal capsule
D. Right cerebral cortex
ANS: C

**29. Which cranial nerve exits the skull via the jugular foramen?**

A. Glossopharyngeal (CN IX.
B. Hypoglossal (CN XII.
C. Facial (CN VII.
D. Oculomotor (CN III.
ANS: A

**30. Which sulcus separates the pons from the midbrain?**

A. Central Sulcus
B. Superior Pontine Sulcus
C. Lateral Sulcus
D. Inferior Pontine Sulcus
ANS: B

**31. Trapezius is made the posterior boundary of which of the following neck triangle**

A. Anterior triangle
B. Posterior triangle
C. Diagastric triangle
D. Muscular triangle
ANS: B

**32. Which of the following Cranial nerve is most commonly involved in cavernous sinus thrombosis**

A. Trigeminal Nerve (CN V.
B. Abducence Nerve ( CN VI .
C. Facial Nerve ( CN VII .
D. Vestibulocochlear Nerve ( CNVIII.
ANS: B

**33. The blood-brain barrier is primarily formed by:**

A. Astrocytes
B. Tight junctions between endothelial cells
C. Choroid plexus epithelium
D. Microglia
ANS: B

**34. A patient presents with hemiparesis (weakness on one side of the body. affecting the upper and lower limbs. Which major cerebral artery is most likely affected?**

A. Middle cerebral artery
B. Anterior cerebral artery
C. Posterior cerebral artery
D. Basilar artery
ANS: A

35. A 6 month old boy presents with developmental delay, irritability, and vomiting. Which of the following conditions is commonly associated with agenesis of cerebellar vermis?

A. Holoprosencephaly
B. Syringomyelia
C. Hydrocephalus
D. Myelopathy
ANS: C

36. A patient has a car accident resulting spinal cord injury . His clinical examination reveals that he can't feel sensation of pressure in lower limb . The most likely nerve tract affected is

A. Fasiculus gracilis
B. Lateral spinothalamic
C. Anterior spinocerebellar
D. Anterior Spinothalamic tract
ANS: D

37. Which of the following cranial nerve will b affected first in the aneurysm of intracranial part of internal carotid artery

A. Occulomotor Nerve
B. Trochlear Nerve
C. Abducence Nerve
D. Facial Nerve
ANS: C

38. A 70 year-old man presents with sudden onset right-sided hemiparesis and difficulty speaking. He has a history of hypertension and atrial fibrillation. CT scan shows an ischemic stroke in the middle cerebral artery (MCA. territory. Which of the following deficits is most likely present

A. Right-sided hemiparesis and expressive aphasia
B. Left-sided hemiparesis and homonymous hemianopia
C. Complete hemiplegia with sparing of the face
D. Contralateral cerebellar ataxia
ANS: A

39. A 56-year-old man presents with resting tremor, rigidity, and bradykinesia. There is degeneration of dopamine-producing neurons in which structure?

A. Substantia nigra
B. Caudate nucleus
C. Thalamus
D. Hippocampus
ANS: A

40. A patient presents with sudden-onset right-sided facial droop and inability to close the right eye. The forehead is also involved. What is the most likely cause?

A. Stroke affecting the left MCA
B. Stroke affecting the right MCA
C. Bell's palsy
D. Myasthenia gravis
ANS: C

41. A 36-year-old woman presents with diplopia and difficulty adducting the right eye when looking to the left. The left eye abducts with nystagmus. What is the most likely diagnosis?

A. Multiple sclerosis
B. Myasthenia gravis
C. Third nerve palsy
D. Cerebral infarction
ANS: A

42. A 55-year-old man presents with an intention tremor, dysmetria, and difficulty performing rapid alternating movements. Where is the lesion?

A. Basal ganglia
B. Thalamus
C. Cerebellum
D. Prefrontal cortex
ANS: C

**43. A 40-year-old man presents with severe burning pain in his right upper limb following a spinal cord injury. Which tract is most likely involved :**

A. Corticospinal tract
B. Spinothalamic tract
C. Dorsal columns
D. Vestibulospinal tract

**ANS: B**

**44. A 58-year-old man presents with difficulty swallowing, hoarseness, and loss of pain and temperature sensation on the left side of his face and right side of his body. Where is the lesion?**

A. Midbrain
B. Medulla
C. Pons
D. Cervical spinal cord

**ANS: B**

**45. A 68-year-old man presents with difficulty understanding spoken and written language. Speech is fluent but nonsensical. Where is the lesion?**

A. Broca's area
B. Wernicke's area
C. Angular gyrus
D. Prefrontal cortex

**ANS: B**

**46. A patient presents with bilateral loss of pain and temperature sensation in a cape-like distribution over the shoulders. What is the most likely diagnosis?**

A. Syringomyelia
B. Multiple sclerosis
C. ALS
D. Spinal cord infarction

**ANS: A**

**47. A 6-month-old infant presents with hypotonia, weak cry, and absent deep tendon reflexes. Genetic testing shows a mutation in the SMN1 gene. What is the most likely diagnosis**

A. Duchenne muscular dystrophy
B. Spinal muscular atrophy
C. Myasthenia gravis
D. Cerebral palsy

**ANS: B**

**48. A 28 year-old woman presents with double vision. She has ptosis and pupils that remain dilated even in bright light. Which nerve is affected?**

A. Optic nerve
B. Oculomotor nerve
C. Abducens nerve
D. Trochlear nerve

**ANS: B**

**49. A patient with tabes dorsalis will most likely have degeneration of which spinal cord pathway:**

A. Spinothalamic tract
B. Dorsal columns
C. Corticospinal tract
D. Vestibulospinal tract

**ANS: B**

**50. A 46 year-old woman presents with personality changes, emotional instability, and disinhibition. Which lobe is most likely affected?**

A. Parietal
B. Temporal
C. Occipital
D. Frontal

**ANS: D**

**1. Which of the following regarding The thoracodorsal nerve is correct**

A. Is a branch of the posterior cord of the brachial plexus
B. Supplies the serratus anterior muscle
C. Is cutaneous to dorsal surface of thorax
D. All the above
ANS: A

**2. The intercostals nerves and vessels course between:**

A. Skin and deep fascia
B. Deep fascia and external intercostals
C. External and internal intercostals
D. Internal and innermost intercostals
E. Innermost intercostals and endothoracic fascia
ANS: D

**3. All of the following regarding angle of Loius are true Except**

A. Trachea bifurcation occur
B. Imaginary line between T and T5
C. Lies at the level second costal cartilage
D. Seperate Anterior from posterior mediastinum
ANS: D

**4. The number of pulmonary veins entering the left atrium is normally:**

A. One
B. Two
C. Four
D. Six
ANS: C

**5. Muscle attached to the first rib between subclavian vein and artery:**

A. Subclavius
B. Scalenus medius
C. Scalenus anterior
D. Scalenus posterior
ANS: C

**6. The lymph from the upper lateral quadrant of the breast drains mainly into the:**

A. Internal thoracic nodes
B. Posterior axillary nodes
C. Anterior axillary nodes
D. Lateral axillary nodes
ANS: C

**7. All of the following veins are drain into Coronary sinus Except**

A. Middle Cardiac Vein
B. Anterior Cardiac vein
C. Great cardiac vein
D. Small cardiac Vein
ANS: D

**8. Left superior intercostal Vein drain into**

A. Azygous vein
B. Hemiazygous vein
C. Internal thoracic vein
D. Brachiocephalic vein
ANS: D

**9. Bronchi are lined with pseudostratified epithelium. As the airways continue distally, the epithelium changes. Which of the following features is last to disappear as the epithelium changes along the respiratory tube?**

A. Cilia
B. Goblet Cells
C. Mucous glands
D. Cartilage
ANS: A

**10. Arterial Supply of Diaphragm i through all of the Followin except**

A. Middle Phrenic artery
B. Inferior Phrenic artery
C. Periocardiophrenic artery
D. Musculophrenic artery
ANS: A

**11. A 55 year old man is admitted to the emergency department because of chills followed by a painful dry cough and fever for the past 3 days. The patient complains of painful breathing and upon auscultation, a pleural rub is heard when the patient breathes. A radiograph shows signs of pleurisy. The physician decides to administer lidocaine (a local anesthetic agent. to which of the following nerves?**

A. Intercostal nerves
B. Phrenic nerve
C. Cardiopulmonary
D. Vagus Nerve
ANS: A

**12. A 45 years old female is, admitted to emergency department after fall in washroom. During Physical examination there is an absence of Heart sounds, reduced systolic Blood pressure and Raised Jugular venous pressure. The condition that was created can be alleviated with which of the following procedure**

A. Chest tube insertion
B. Pericardiocentesis
C. Thoracocentesis
D. Central Venous Line
ANS: B

**13. Lymphatic drainage of medial quadrant of breast:**

A. Pectoral group
B. Axillary
C. Posterior intercostals lymph node
D. Internal memory lymph node
ANS: D

**14. Which of the following statements concerning the blood supply of the heart is not correct?**

A. Left coronary artery supplies both, the left atrium and the left ventricle
B. Circumflex branch of the left coronary artery descends in the anterior interventricular grove and passes around the apex of the heart
C. Coronary arteries form the ascending aorta
D. Coronary arteries can be classified functional end arteries
ANS: B

**15. Normally, the trachea bifurcates in the adult at the level of:**

A. Upper border of T3 vertebra
B. Lower border of T3 vertebra
C. Upper border of T4 vertebra
D. Lower border of T4 vertebra
ANS: D

**16. All of the following regarding Diaphragm are true except**

A. Innervated by Phrenic Nerve
B. Inferior vena Cava passes at T8
C. Azygous vein passes at T10
D. Phrenic nerve innervated diaphragm root value C3, C4, C5
ANS: C

**17. A 48 year old man is admitted to the emergency department with chronic angina. Coronary angiography reveals nearly total blockage of the anterior interventricular artery just after it arises from the left coronary. In exposing this artery for a bypass procedure, which accompanying vein must be protected from injury?**

A. Middle cardiac
B. Great Cardiac
C. Small cardiac
D. Anterior cardiac
ANS: B

**18. Foreign body most commonly Affect lung all of them following reasons are true except**

A. Right Bronchus is more wider
B. Right Bronchus is shorter
C. Right Bronchus is more oblique
D. Right Bronchus is more oblique
ANS: C

**19. All of the following are the characteristics of the coronary arteries except:**

A. They are examples of large elastic arteries
B. They are functional end arteries
C. They fill up during ventricular diastole
D. They are branches of the ascending aorta
ANS: A

**20.** **A 45 yr old women with continuous chest pain on lying down, fever with 2 week, structure involved?**

A. Myocardium
B. Pericardium
C. Pleura
D. Intercostals nerve
ANS: B

**21.** **A 48 years old man presents with sudden-onset, severe, tearing chest pain that radiates to his back. His blood pressure is 180/110 mmHg. A chest X-ray shows a widened mediastinum. What is the most likely diagnosis?**

A. Acute myocardial infarction
B. Aortic dissection
C. Pulmonary embolism
D. Pericarditis
ANS: B

**22.** **A patient presents with hypotension, distended neck veins, and muffled heart sounds following a stab wound to the chest. What is the most likely diagnosis?**

A. Tension pneumothorax
B. Hemothorax
C. Cardiac tamponade
D. Pulmonary embolism
ANS: C

**23.** **A 25-year-old man presents after a motor vehicle accident with severe respiratory distress. Breath sounds are absent on the right, and tracheal deviation is towards the left. What is the most likely diagnosis?**

A. Tension pneumothorax
B. Hemothorax
C. Pleural effusion
D. Pulmonary contusion
ANS: A

**24.** **A 62 -year-old man with a history of smoking presents with progressive shortness of breath and a barrel-shaped chest. Spirometry shows an increased residual volume and decreased FEV1/FVC ratio. What is the most likely diagnosis**

A. Chronic bronchitis
B. Bronchial asthma
C. Emphysema
D. Pulmonary fibrosis
ANS: C

**25.** **A 58 -year-old man with a history of tuberculosis presents with difficulty swallowing and hoarseness of voice. A chest X-ray shows a massively enlarged left atrium. Which structure is most likely being compressed?**

A. Phrenic nerve
B. Esophagus
C. Trachea
D. Aorta
ANS: B

# APPLIED PATHOLOGY

**1.** **A 25 year old male with a history of frequent loose motions presents with muscle cramps, irritability, tingling of hands, feet, and around the mouth, carpopedal spasms, and convulsions. The patient also has bronchospasms and brisk reflexes. Laboratory investigations reveal the following results: Calcium 7.8 mg/dL, Magnesium 1 mg/dL, Phosphate 6 mg/dL, Alkaline phosphatase 100 IU/L and Potassium 4 mEq/L. What is the most likely diagnosis**

A. Epilepsy
B. Hypoparathyroidism
C. Malabsorption syndrome
D. Respiratory alkalosis
ANS: B

**2.** **Which of the following is the most likely diagnosis for a 24 -year-old man who visits his GP with a 4.2 cm mobile anterior neck mass, and a fine needle aspirate shows cells with orphan Annie eye nuclei and psammoma bodies**

A. Follicular carcinoma
B. Medullary carcinoma
C. Papillary carcinoma
D. Anaplastic carcinoma
ANS: D

**3.** **A 68 years old man collapsed while shopping and complained of chest pain upon regaining consciousness. He has a history of multiple episodes of collapse and chest pain on exertion in the past year. On examination, his lying blood pressure is 110/90 mmHg, and an ejection systolic murmur is heard at the left sternal edge, radiating into the carotid. What is the most likely diagnosis**

A. Aortic regurgitation
B. Aortic stenosis
C. Mitral stenosis
D. Pulmonary stenosis
ANS: B

**4.** **Which electrolyte abnormality is most commonly seen in primary adrenal insufficiency (Addison's disease.?**

A. Hypernatremia
B. Hypokalemia
C. Hyperkalemia
D. Hypercalcemia
ANS: C

**5.** **A patient with a history of bipolar disorder and taking Mood stablizer agent later presents with polyuria and polydipsia. Serum sodium is high, and urine osmolality is low. Water deprivation test shows no increase in urine osmolality. What is the diagnosis**

A. Central diabetes insipidus
B. Nephrogenic diabetes insipidus
C. Primary polydipsia
D. SIADH
ANS: B

**6.** **A person who had been working in ship breaking industry for last ten years presented with complaints of irritant cough, dyspnea on exertion and chest pain. His total lung capacity is impaired and chest x ray shows snow storm appearance in the lung fields. What is your most probable diagnosis**

A. Silicosis
B. Anthracnosis
C. Asbestosis
D. Bagassosis
ANS: A

**7.** **Which of the following anti tubercular increase the risk of hyperuricemia**

A. Isoniazid
B. Rifampicin
C. Pyrazinamide
D. Ethambutol
ANS: C

**8.** **A 35 years old man presents in a clinic with history of chronic productive that is worse in the morning and brought on by changes in posture. Sputum is copious and yellow. The most likely diagnosis in this patient is**

A. Bronchial asthma
B. Bronchiectasis
C. Bronchogenic
D. Chronic bronchitis
ANS: B

**9.** **A 30 yr old female has splenomegaly and anemia with spherocytosis. The circulating RBCs demonstrate an increased osmotic fragility on laboratory testing. An inherited abnormality in which of the following RBC components best explains these findings**

A. Glucose 6 phosphate dehydrogenase
B. A membrane cytoskeletal protein
C. A globin chain
D. Heme
ANS: B

**10.** **Translocation in Burkett lymphoma is**

A. t (8:14.
B. t (8:16.
C. t (8:18.
D. t (8:20.
ANS: A

**11.** **A person with endemic goiter would be excepted to have**

A. Metal retardation
B. High plasma level of TSH
C. High level of thyroxine
D. Low production of thyroglobulin
ANS: B

**12.** **A pregnant women lack calcium and is advised by her doctor to take calcium but she does not obey her. Which one of the following would compensate the calcium requirements for the fetus**

A. Renal tubules
B. Parathyroid glands
C. Calcium intake
D. Thyroid glands
ANS: B

**13.** **A mother of blood group type A+ who has always been perfectly healthy just delivered her second child. The father is of blood group O negative. Knowing that the child is of blood group O negative (O, Rh negative., what would you except to find in this child**

A. The child will suffer from erythroblastosis fetalis due to rhesus incompatibility.
B. The child will suffer from erythroblastosis fetal due to ABO blood group incompatibility.
C. The child will suffer from both A and B
D. The child has no chance of developing HDN
ANS: D

**14.** **A 35 yrs old male present to the clinic with complaining of weight loss, muscle weakness, dizziness, vertigo, O/E the abdominal strie was noted. There is buffalo umps and moon shaped face and hyperpigmentation on the skin. Lab investigation shows Cortisol = High ACTH= High which one of the following will be most likely the diagnosis**

A. Cushing syndrome
B. Conn's syndrome
C. Cushing disease
D. Pheochromocytoma
ANS: C

**15.** **A 65 year old hypertensive man presented with anorexia, ankle edema and generalized weakness for a few months. His arterial blood gas analysis showed: pH 7.3, PaCO2 ..38 mmHg, Pa02 95 mmHg, HC03 15 ,meq/L. what is the most likely acid base disorder in this patient**

A. Metabolic acidosis
B. Metabolic alkalosis
C. Respiratory acidosis
D. Respiratory alkalosis
ANS: A

**16.** **A 42 years old man has been experiencing difficulty swallowing solid foods for the past few weeks. He has not noticed any significant changes in his appetite. Barium swallow shows narrowing of distal end of Esophagus. What is the most probable diagnosis**

A. Achalasia
B. Gastric outlet obstruction
C. .Functional Dysphagia
D. Scleroderma
ANS: A

**17.** **A 52 years old male reports experiencing changes in bowel habits and intermittent rectal bleeding over the past two months. Despite maintaining a regular appetite, he has noted fatigue and substantial weight loss in the last month. Which diagnostic investigation is most appropriate for further evaluation**

A. Barium enema
B. Colonoscopy
C. CT scan abdomen
D. Ultrasound abdomen
ANS: B

**18.** **A 44 years old male presents with retrosternal chest pain and dysphagia, with an increase in chest pain during swallowing. ECG recordings during chest pain are normal, and oesophagoscopy reveals no mucosal lesions. What diagnostic test should be performed to confirm the diagnosis**

A. Ambulatory 24-hour pH recording
B. Barium swallow
C. CT chest
D. Esophageal manometry
ANS: D

**19.** **A 44 years old man present with abdominal pain and Hypertension. On Physical Examination he is found have an abdominal mass. Further work up show polycystic kidney disease. Which of the following vascular conditions associated with this**

A. Aortic aneurysm
B. Berry aneurysm
C. Aortic dissection
D. Atherosclerotic aneurysm
ANS: B

**20.** **A 28 years old man present with fever, weight loss, malaise and abdominal pain.Investigation shows that he has poly arteritis nodosa. Which of the following conditions associated with this form of vasculitis**

A. Lead poisoning
B. Human Herpes virus 8
C. Heptatis B virus
D. Human immunodeficiency virus (HIV.
ANS: C

**21.** **A 65 years old male present with pallor, fatigue and difficulty in breathing on exertion. Blood complete picture show microcytic hypo chromic anemia. The most likely cause of these finding is**

A. Hemolytic anemia
B. Dietary deficiency of iron
C. Gastrointestinal bleeding
D. Increase iron requirements
ANS: C

**22.** **A primigravida RH negative mother delivered a RH positive child. Administration of which of the following will be indicated**

A. Anti- D IgG to child
B. Anti- D IgG to mother
C. D positive red cell to mothers
D. Not needed
ANS: B

**23.** **All of the following regarding chronic myelogenous leukemia are true except**

A. t 9:22
B. Presence of Philadelphia chromosome
C. t 8:14
D. Treated by Imatinib
ANS: C

**24.** **A 65 years old male presented with Bradykinesia, rigidity and resting pin rolling tremors in his left hand. On examination he has mask face withour expression and further work up show degenerative changes in substantia nigra most likely patient is suffering from**

A. Alzheimer's disease
B. Parkinson disease
C. Huntington's disease
D. Amyotrophic lateral sclerosis
ANS: B

**25.** **A 82 years old man present with loss of memory for recent years. He has forgotten his grandchildren names. And he has now a days unable to manage his dialy life activities. And also during driving has lost his way to familiar places. Most likely patient suffering from which of the following**

A. Alzheimer's disease
B. Parkinson's disease
C. Creutzfeldt Jakob disease
D. Amyotrophic lateral sclerosis
ANS: A

**26.** **A 4 years old boy is brought to pediatrician for a physic examination prior to beginning elementary school . On examination the boy has only one palpable testis in scrotum. The condition referred as**

A. Hydrocele
B. Cryptorchisism
C. Varicocele
D. Orchitis
ANS: A

**27.** **All of the following regarding Nephrotic syndrome are true except**

A. Loss anti thrombin III
B. Proteinuria ( less 3.5 g/day.
C. Edema
D. Hyperlipidemia
ANS: B

**28.** **A 5 years old boy present with hematuria. His mother's told that he has sore throat from past 2 days. And same attack also seen before with sore throat . His urine return to normal colour after few days later most likely diagnosis is**

A. Alport syndrome
B. Good pasture syndrome
C. Post streptococcal glomerulonephritis ( PSGN.
D. IgA Nephropathy
ANS: D

**29.** **Which of the following conditions is lethal in pregnancy**

A. Hepatitis B
B. Hepatitis E
C. Hepatitis A
D. Hepatitis D
ANS: B

**30.** ***A 62 years old man present with dyspnae on exertion and dry cough. He has never smoke but work in shipbuilding factory from last 20 years and known exposure to asbestose To which of the following this patient is especially predisposed***

A. Good pasture syndrome
B. Malignant mesothelioma of the pleura
C. Idiopathic pulmonary fibrosis
D. Acute respiratory distress syndrome
ANS: B

**31.** **A 55-year-old chronic smoker presents with hemoptysis and weight loss. A lung biopsy shows keratin pearls and intercellular bridges. What is the most likely diagnosis?**

A. Squamous cell carcinoma
B. Adenocarcinoma
C. Small cell carcinoma
D. Bronchioloalveolar carcinoma
ANS: A

**32.** **A 60-year-old woman presents with a breast lump. Histology reveals malignant cells arranged in tubules with desmoplastic stroma. What is the most likely diagnosis?**

A. Invasive ductal carcinoma
B. Ductal carcinoma in situ
C. Lobular carcinoma in situ
D. Medullary carcinoma
ANS: A

**33.** **A 45-year-old man presents with fatigue, splenomegaly, and a WBC count of 150,000/mm$^3$. Peripheral smear shows mature myeloid cells. BCR-ABL translocation is detected. What is the most likely diagnosis?**

A. Chronic myeloid leukemia (CML.
B. Acute myeloid leukemia (AML.
C. Chronic lymphocytic leukemia (CLL.
D. Multiple myeloma
ANS: A

**34.** **A 22-year-old man presents with fever, weight loss, and painless cervical lymphadenopathy. Lymph node biopsy reveals Reed-Sternberg cells. What is the most likely diagnosis?**

A. acute lymphoblastic leukemia
B. Non-Hodgkin lymphoma
C. Burkitt lymphoma
D. Hodgkin lymphoma
ANS: D

**35.** **A 65-year-old man presents with back pain and anemia. Blood smear shows rouleaux formation. Serum protein electrophoresis reveals an M-spike. What is the most likely diagnosis?**

A. Waldenstrom macroglobulinemia
B. Multiple myeloma
C. Chronic lymphocytic leukemia
D. Myelodysplastic syndrome
ANS: B

**36.** **A 6-year-old child presents with fever, pallor, and bleeding. Bone marrow biopsy reveals >20% blast cells. What is the most likely diagnosis?**

A. Acute lymphoblastic leukemia (ALL.
B. Acute myeloid leukemia (AML.
C. Aplastic anemia
D. Chronic lymphocytic leukemia (CLL.
ANS: A

**37.** **A 55-year-old man presents with jaundice, weight loss, and a pancreatic head mass. What is the most likely tumor marker?**

A. APC
B. CEA
C. AFP
D. CA19-9
ANS: D

**38.** **A patient with chronic hepatitis B presents with an abdominal mass and elevated AFP levels. What is the most likely diagnosis?**

A. Hepatocellular carcinoma
B. Pancreatic cancer
C. Gastric adenocarcinoma
D. Colorectal cancer
ANS: A

**39.** **A patient with iron deficiency anemia undergoes colonoscopy, revealing an ulcerated mass in the sigmoid colon. What is the most likely genetic mutation involved**

A. KRAS
B. TP53
C. APC
D. BRCA1
ANS: C

**40. A 68-year-old smoker presents with hematuria. CT scan reveals a mass in the bladder. What is the most likely histological type?**
A. Adenocarcinoma
B. Squamous cell carcinoma
C. Urothelial carcinoma
D. Sarcoma
ANS: C

**41. A patient with a thyroid nodule undergoes fine-needle aspiration, which reveals orphan Annie eye nuclei and psammoma bodies. What is the most likely diagnosis ?**
A. Papillary thyroid carcinoma
B. Follicular carcinoma
C. Medullary carcinoma
D. Anaplastic carcinoma
ANS: A

**42. A 30-year-old woman presents with a firm, painless breast mass that is well-circumscribed and mobile. What is the most likely diagnosis?**
A. Ductal Carcinoma
B. Fibroadenoma
C. Invasive ductal carcinoma
D. Intraductal papilloma
ANS: B

**43. A 22 years patient presents with hemoptysis and kidney dysfunction. Anti-GBM antibodies are positive. What is the likely diagnosis?**
A. Microscopic Polyangitis
B. Wegener's granulomatosis
C. Good pasture syndrome
D. Lupus nephritis
ANS: C

**44. A 25-year-old woman presents with a butterfly-shaped rash on her face and proteinuria. What is the most likely diagnosis?**
A. Systemic lupus erythematosus (SLE.
B. Dermatomyositis
C. Rosacea
D. Rheumatoid arthritis
ANS: A

**45. A patient with prolonged PTT that does not correct with mixing studies is suspected to have:**
A. Factor VIII inhibitor
B. Hemophilia A
C. Von Willebrand disease
D. Vitamin K deficiency
ANS: A

**46. A patient with thrombocytopenia, microangiopathic hemolytic anemia, and renal failure is diagnosed with:**
A. Disseminated intravascular coagulation
B. Hemolytic uremic syndrome (HUS.
C. Thrombotic thrombocytopenic purpura (TTP.
D. Idiopathic thrombocytopenic purpura (ITP.
ANS: C

**47. A 25 year old patient with chronic liver disease presents with prolonged PT and normal PTT. What is the likely cause?**
A. Factor VIII deficiency
B. Factor VII deficiency
C. Protein C deficiency
D. Antithrombin III deficiency
ANS: B

**48. A 35-year-old man presents with fatigue and jaundice. His peripheral smear shows spherocytes and a positive Coombs test. What is the diagnosis?**
A. Autoimmune hemolytic anemia
B. Hereditary spherocytosis
C. G6PD deficiency
D. Paroxysmal nocturnal hemoglobinuria
ANS: A

**49. A child with recurrent infections, eczema, and thrombocytopenia is diagnosed with:**
A. Hyper-IgE syndrome
B. Chediak-Higashi syndrome
C. Chronic granulomatous disease
D. Wiskot Aldrich syndrome
ANS: D

## APPLIED PHYSIOLOGY

**1. Which of the Following show Complete ventricular depolarization**
A. P wave
B. ST segment
C. QRS complex
D. T wave
ANS: B

**2. Conducting system of the heart is present in**
A. Epicardium
B. Subendocardium
C. Myocardium
D. Endocardium
ANS: B

**3. The posterior most chamber of the heart is which can compress esophagus if dilated in which valve narrowing**
A. Mitral valve
B. Aortic valve
C. Tricuspid valve
D. Pulmonary valve
ANS: A

**4. Which of the following is natural contraceptive Hormone**
A. Growth Hormone
B. Prolactin
C. Thyroid stimulating hormones
D. Anti diuretic hormones
ANS: B

**5. All of the following regarding ADH hormone ate true except**
A. Act on V2 receptor in Kidney
B. Act on V1 receptor in Blood Vessel
C. Strongest stimulus is low osmolility
D. Ectopic ADH release in small cell lung CA
ANS: C

**6. Which of the following statement regarding thyroid hormone is incorrect**
A. Act on nuclear receptor
B. Regulate Basal metabolic rate
C. Act on alpha 1 receptor
D. Rate limiting enzyme for thyroid hormone is Thyroid per oxidase
ANS: C

**7. The hormone which regulate high sugar level in blood is insulin which release from which of the following cell**
A. Alpha cell
B. Beta cell
C. Delta cell
D. D cell
ANS: B

**8. The amount that remain in the lung even after forcefull expiration is**
A. Tidal volume
B. Inspiratory reserve volume
C. Residual volume
D. Expiratory reserve volume
ANS: C

**9. All of the following result O2-Hb dissociation curve shift to Right exceept**
A. Lactic acidosis
B. Fetal Hemoglobin
C. Exercise
D. Fever
ANS: B

**10. A 48 years old know patient of Chronic kidney disease ( CKD. develooed Dizziness, fatigue and shortness of breath on examinatiln he look ill and lethargic and lab investigation shows Normocytic Normochromic anemia the cause of anemia in this patient is**
A. Decreased Oxygen
B. Increase Protein loss
C. Decreased Erythropoitin production
D. Decreased globulin production
ANS: C

**11. The action of which one of the following brush border enzymes results in the formation of glucose and galactose**
A. Dipeptidase
B. A-dextrinase
C. Maltase
D. Lactase
ANS: D

**12. A 54-year-old male has developed a tumor in the hypothalamus that has completely destroyed the supraoptic and paraventricular nuclei. Consequently, the posterior pituitary gland is no longer functioning. Which of the following urinary symptoms is most likely to be observed in this patient**

A. Complete absence of urine (Anuria.
B. Painful or difficult urination (Dysuria.
C. Reduced urine output (Oliguria.
D. Excessive urine production (Polyuria.
ANS: D

**13. Which of the following is the most probable cause of renal osteodystrophy in a 35 -year-old man with chronic renal failure, who is experiencing joint pain and fragility fractures even with minor injuries**

A. Hyperparathyroidism
B. Hypocalcemia
C. Hypoproteinemia
D. Low 1,25-dihyroxy vitamin D3
ANS: D

**14. What are the most common type of antibodies seen in pernicious anaemia**

A. Vitamin B12 receptor antibodies
B. Gastric parietal cell antibodies
C. Jejunal mucosa antibodies
D. Intrinsic factor antibodies
ANS: B

**15. A 33-year-old woman who has given birth multiple times has a blood report showing Hemoglobin levels of 9 grams per deciliter, Hematocrit at 28%, and an RBC count of 3.2 million per cubic millimeter. Which of the following is most likely to show an increase in this patient**

A. Afterload
B. Blood pressure
C. Cardiac output
D. Peripheral resistance
ANS: C

**16. What is the life span of platelets**

A. 7 to 10 days
B. 120 days
C. 3 to 5 days
D. 10 to 14 days
ANS: A

**17. The maximum re absorption of filtrate in the nephron occur in which of the following part**

A. DCT
B. Loop Of Henle
C. PCT
D. Collecting Duct
ANS: C

**18. Vasodilation is caused by:**

A. Parasympathetic stimulation
B. Sympathetic blockade
C. Localized Hypoxia
D. Anaphylactic shock
ANS: C

**19. Exposure of 4 atmosphere of oxygen (P.2=3040 mmHg. can cause death within an hour or so due to acute oxygen poisoning. The lethal effect of acute oxygen poisoning can be attributed to the dysfunction of which of the following organs?**

A. Brain
B. Heart
C. Kidney
D. Liver
ANS: A

**20. In athletes, physical fitness is more closely correlated with:**

A. Maximal pulse rate than with resting pulse rate
B. Maximal oxygen uptake than with resting oxygen uptake
C. Maximal minute ventilation than with maximal cardiac output
D. Size of muscles
ANS: D

**21. If muscle strength is increased with resistive training, which of the following conditions is most likely to occur?**

A. Decrease in the number of myofibrils
B. Increase in mitochondrial enzymes
C. Decrease in the components of phosphagen system
D. Decrease in stored triglycerides
ANS: B

**22. A 72 years old woman with insomnia participates in a sleep study. As part of the study protocol she has EEG leads attached then goes to sleep. At one point during the evening, 12-16 Hz sleep spindles and K-complexes are observed. Which of the following stages of sleep is associated with this pattern?**

A. REM
B. Stage 1
C. Stage 2
D. Stage 3
ANS: C

**23. A woodworker operating a saw accidently injures his wrist, severing his radial artery and producing severe hemorrhage. As he loses blood, his body tries to compensate for the developing hypotension by increasing sympathetic outflow. The postganglionic signals carrying the impulses to constrict his arterioles are transmitted along which of the following fiber types?**

A. A & delta fibers
B. B fibers
C. C fibers
D. 1a fibers
ANS: C

**24. The secretion of growth hormone is increased by:**

A. Hyperglycemia
B. Exercise
C. Somatostatin
D. Hypothermia
ANS: B

**25. Secondary intention of wound healing differs from primary intention in which of the following aspect?**

A. Neutrophilic accumulation
B. Mitoses
C. Fibrous reunion
D. wound contraction
ANS: D

**26. A 65 years old female with renal failure presents for hemodialysis. She is found to be anemic and is given a dose of erythropoietin along with her usual vitamins and mineral supplements. Erythropoietin stimulates which of the following intermediates in hematopoiesis?**

A. Basophilic erythroblasts
B. Colony forming units erythroid
C. Multipotential stem cells
D. Proerythroblasts
ANS: D

**27. During the passage of an intravenous catheter, numerous endothelial cells are dislodged from the lining of the popliteal vein. What substance allows platelet adhesions to the exposed collagen?**

A. Factor VIII
B. Factor IX
C. Fibronectin
D. Von Willebrand factor
ANS: D

**28. In a patient with metabolic alkalosis.**

A. HCO3 of arterial blood is decreased
B. Kidney retains bicarbonate
C. Urine becomes alkaline
D. H+ is excreted in urine
ANS: D

**29. The potassium in the renal tubule is**

A. Only filtered and secreted
B. Only filtered and reansorbed
C. Filtered, reabsorbed and secreted
D. Only secreted
ANS: C

**30. Which of the following Hormone help in milk let down reflex**

A. Oxytocin
B. ADH
C. Prolactin
D. Growth Hormone
ANS: A

31. A 45-year-old male presents with muscle weakness, fatigue, and hypertension. Laboratory tests reveal hypokalemia and metabolic alkalosis. Which of the following is the most likely underlying cause?

A. Primary hyperaldosteronism
B. Cushing's syndrome
C. Addison's disease
D. Diabetes insipidus
ANS: A

32. A 30-year-old female presents with palpitations, heat intolerance, and weight loss. On examination, she has a diffusely enlarged thyroid gland and exophthalmos. Laboratory tests reveal elevated T3 and T4 levels with suppressed TSH. Which of the following is the most likely diagnosis?

A. Graves' disease
B. Hashimoto's thyroiditis
C. Multinodular goiter
D. Thyroid carcinoma
ANS: A

33. A 60-year-old male with a history of chronic obstructive pulmonary disease (COPD. presents with shortness of breath and cyanosis. Arterial blood gas (ABG. analysis reveals low PaO2 and elevated PaCO2. Which of the following best describes this condition?

A. Respiratory acidosis
B. Respiratory alkalosis
C. Metabolic acidosis
D. Metabolic alkalosis
ANS: A

34. A 25-year-old female presents with fatigue, pallor, and shortness of breath. Laboratory tests reveal microcytic, hypochromic anemia. Which of the following is the most likely cause of her anemia?

A. Vitamin B12 deficiency
B. Folate deficiency
C. Iron deficiency
D. Hemolytic anemia
ANS: C

35. A 50-year-old male presents with polyuria, polydipsia, and polyphagia. Laboratory tests reveal elevated blood glucose levels and the presence of ketones in the urine. Which of the following is the most likely diagnosis?

A. Type 1 diabetes mellitus
B. Type 2 diabetes mellitus
C. Gestational diabetes
D. Diabetes insipidus
ANS: A

36. A 40-year-old female presents with recurrent episodes of severe headache, palpitations, and sweating. Laboratory tests reveal elevated levels of vanillylmandelic acid (VMA. in the urine. Which of the following is the most likely diagnosis?

A. Pheochromocytoma
B. Cushing's syndrome
C. Addison's disease
D. Hyperthyroidism
ANS: A

37. A 70-year-old male presents with difficulty urinating, nocturia, and a weak urinary stream. Digital rectal examination reveals an enlarged prostate. Which of the following is the most likely diagnosis?

A. Prostate carcinoma
B. Benign prostatic hyperplasia
C. Prostatitis
D. Bladder carcinoma
ANS: B

38. A 35-year-old female presents with fatigue, pallor, and shortness of breath. Laboratory tests reveal macrocytic anemia and elevated indirect bilirubin levels. Peripheral blood smear shows spherocytes. Which of the following is the most likely diagnosis?

A. Iron deficiency anemia
B. Vitamin B12 deficiency
C. Autoimmune hemolytic anemia
D. Thalassemia
ANS: C

39. A 55-year-old female presents with bone pain, fatigue, and recurrent fractures. Laboratory tests reveal hypercalcemia, anemia, and elevated serum protein levels. Urine electrophoresis shows the presence of Bence Jones proteins. Which of the following is the most likely diagnosis?

A. Osteoporosis
B. Multiple myeloma
C. Paget's disease of bone
D. Metastatic bone disease
ANS: B

40. A 60-year-old male presents with chest pain radiating to the left arm, diaphoresis, and nausea. Electrocardiogram (ECG. shows ST-segment elevation in leads II, III, and aVF. Which of the following is the most likely diagnosis?

A. Unstable angina
B. Acute myocardial infarction
C. Pulmonary embolism
D. Aortic dissection
ANS: B

41. A 45-year-old male presents with muscle cramps, weakness, and polyuria. Laboratory tests reveal hypokalemia and metabolic alkalosis. Which of the following is the most likely underlying cause?

A. Primary hyperaldosteronism
B. Cushing's syndrome
C. Addison's disease
D. Diabetes insipidus
ANS: A

42. A 30-year-old female presents with palpitations, heat intolerance, and weight loss. On examination, she has a diffusely enlarged thyroid gland and exophthalmos. Laboratory tests reveal elevated T3 and T4 levels with suppressed TSH. Which of the following is the most likely diagnosis?

A. Graves' disease
B. Hashimoto's thyroiditis
C. Multinodular goiter
D. Thyroid carcinoma
ANS: A

43. A 60-year-old male with a history of chronic obstructive pulmonary disease (COPD. presents with shortness of breath and cyanosis. Arterial blood gas (ABG. analysis reveals low PaO2 and elevated PaCO2. Which of the following best describes this condition?

A. Respiratory acidosis
B. Respiratory alkalosis
C. Metabolic acidosis
D. Metabolic alkalosis
ANS: A

44. A 25-year-old female presents with fatigue, pallor, and shortness of breath. Laboratory tests reveal microcytic, hypochromic anemia. Which of the following is the most likely cause of her anemia?

A. Vitamin B12 deficiency
B. Folate deficiency
C. Iron deficiency
D. Hemolytic anemia
ANS: C

45. A 50-year-old male presents with polyuria, polydipsia, and polyphagia. Laboratory tests reveal elevated blood glucose levels and the presence of ketones in the urine. Which of the following is the most likely diagnosis?

A. Type 1 diabetes mellitus
B. Type 2 diabetes mellitus
C. Gestational diabetes
D. Diabetes insipidus
ANS: A

46. A 40-year-old female presents with recurrent episodes of severe headache, palpitations, and sweating. Laboratory tests reveal elevated levels of vanillylmandelic acid (VMA. in the urine. Which of the following is the most likely diagnosis?

A. Pheochromocytoma
B. Cushing's syndrome
C. Addison's disease
D. Hyperthyroidism
ANS: A

**47.** A 70-year-old male presents with difficulty urinating, nocturia, and a weak urinary stream. Digital rectal examination reveals an enlarged prostate. Which of the following is the most likely diagnosis?

A. Prostate carcinoma
B. Benign prostatic hyperplasia
C. Prostatitis
D. Bladder carcinoma
ANS: B

**48.** A 35-year-old female presents with fatigue, pallor, and shortness of breath. Laboratory tests reveal macrocytic anemia and elevated indirect bilirubin levels. Peripheral blood smear shows spherocytes. Which of the following is the most likely diagnosis?

A. Iron deficiency anemia
B. Vitamin B12 deficiency
C. Autoimmune hemolytic anemia
D. Thalassemia
ANS: C

**49.** A 55-year-old female presents with bone pain, fatigue, and recurrent fractures. Laboratory tests reveal hypercalcemia, anemia, and elevated serum protein levels. Urine electrophoresis shows the presence of Bence Jones proteins. Which of the following is the most likely diagnosis?

A. Osteoporosis
B. Multiple myeloma
C. Paget's disease of bone
D. Metastatic bone disease
ANS: B

**50.** A 60-year-old male presents with chest pain radiating to the left arm, diaphoresis, and nausea. Electrocardiogram (ECG. shows ST-segment elevation in leads II, III, and aVF. Which of the following is the most likely diagnosis?

A. Unstable angina
B. Acute myocardial infarction
C. Pulmonary embolism
D. Aortic dissection
ANS: B

# BIOCHEMISTRY

**1.** A patient with alkaptonuria having homogentisate oxidase deficiency and patient has dark urine due to accumulation of:

A. Homogentisic acid
B. Phenylpyruvate
C. Methylmalonic acid
D. Branched-chain ketoacids
ANS: A

**2.** The allopurinol which is used in the treatment of gout inhibit which of the following enzyme

A. Xanthine oxidase
B. Adenosine deaminase
C. Hypoxanthine-guanine phosphoribosyltransferase (HGPRT.
D. Ribonucleotide reductase
ANS: A

**3.** Which amino acid is a precursor for serotonin synthesis

A. Tryptophan
B. Tyrosine
C. Histidine
D. Glutamate
ANS: A

**4.** Which enzyme is deficient in von Gierke disease (Glycogen Storage Disease Type I.?

A. Glucose-6-phosphatase
B. Liver phosphorylase
C. Debranching enzyme
D. Muscle phosphorylase
ANS: A

**5.** RNA does not contain

A. Adenine
B. Phosphate
C. Ribose
D. Thymine
ANS: D

**6.** A term infant is born and does well with breast feeding. Two days later the mother calls frantically because the baby is bleeding from umbilicus and nostrils. The following vitamin is most probably deficient in this infant?

A. Vit A
B. Vit D2
C. Vit D3
D. Vit K
ANS: D

7. A 70 year old male is brought to the emergency department in a semi conscious state with elevated lactate levels, which vitamin can be used for treatment?

A. Pyridoxine
B. Vit E
C. Folic Acid
D. Thiamine
ANS: D

**8.** A lady gives birth to a baby with small abnormally shaped ears, mandibular hypoplasia, cleft plate and heart defects. She gave a history of treatment for cystic acne throughout the pregnancy. Which chemical agent is responsible for the above mentioned abnormalities in the baby?

A. Lead
B. Valproic Acid
C. Vitamin A
D. Lithium
ANS: C

**9.** A 40-year-old woman presents with excessive hunger, irritability, and shaking between meals. Blood glucose levels during these episodes are low. Which of the following hormones is most likely involved in this patient's condition?

A. Insulin
B. Glucagon
C. Cortisol
D. Adrenaline
ANS: B

**10.** .The triad of clinical features of pellagra consist of all except

A. Diarrhea
B. Dementia
C. spinal cord compression
D. Dermatitis
ANS: C

**11. A 25-year-old male presents with muscle cramps and weakness, along with elevated creatine kinase levels. Genetic testing reveals a deficiency in glycogen phosphorylase. What is the most likely cause of his symptoms?**

A. McArdle's disease
B. Pompe disease
C. Andersen disease
D. Hers disease
ANS: A

**12. 32yrs Old lady present to the Clinic complaining Of Chest tightness. Nausea and loss Of appetite O/E she is pallor and anxious. Lab investigation shows megaloblastic hypersegmented neutrophill . increased homocystein level , methylmalonic acid ( MMA. is also increased Which Of the following d lead to these symptoms**

A. Biotin
B. Folic acid
C. Cobalamine
D. Thiamine
ANS: C

**13. A 60-year-old male with diabetes presents with unexplained weight loss, nausea, and increased thirst. Laboratory tests show elevated blood glucose and increased ketones in the urine. Which of the following biochemical pathways is most likely responsible for the accumulation of ketone bodies in this patient?**

A. Ketogenesis
B. Glycolysis
C. Lipogenesis
D. Gluconeogenesis
ANS: A

**14. Which of the following vitamin used in the treatment Of morning sickness**

A. Biotin
B. Pyridoxine
C. Niacin
D. Riboflavin
ANS: B

**15. A poor man was brought to the with complaints of mental confusion, diarrhea, weakness loss of appetite and scaly skin sores in sun exposed areas. The most suitable nutritional supplement that the should be given is**

A. Niacin
B. vitamin C
C. iron
D. vitamin D
ANS: A

**16. A 60-year-old female presents with difficulty walking, tremors, and rigidity. Lab results reveal a deficiency in dopamine. Which of the following metabolic pathways is most likely impaired in this patient?**

A. Serotonin metabolism
B. Glutamate metabolism
C. Dopamine metabolism
D. GABA metabolism
ANS: C

**17. A 35-year-old man presents with dark urine, abdominal pain, and fatigue. His lab results show elevated levels of liver enzymes and bilirubin. Genetic testing reveals a deficiency in an enzyme that breaks down heme. Which of the following enzymes is most likely deficient?**

A. Porphobilinogen deaminase
B. Biliverdin reductase
C. Heme oxygenase
D. Uroporphyrinogen decarboxylase
ANS: A

**18. A 55-year-old male with a long history of smoking presents with a sudden onset of shortness of breath and hemoptysis. His laboratory results show a decreased alpha-1 antitrypsin level. Which enzyme is likely to be deficient in this patient, contributing to his lung damage?**

A. Elastase
B. Phospholipase A2
C. Cytochrome P450
D. Matrix metalloproteinases
ANS: A

**19. A 60 yr old female presents with severe back pain for the past week, she is diagnosed with osteoporosis, a condition resulting from calcium depletion in bones. As treatment which of the following vitamins can be prescribed?**

A. Vitamin A
B. Vitamin D
C. Vitamin E
D. Vitamin K
ANS: B

**20. A patient with chronic renal failure has low serum calcium and high phosphate. The following will explain these biochemical changes**

A. Decreased absorption in gut
B. Decreased level of 1,25, dihydroxycholecalciferol
C. Decreased level of parathormone
D. Increased of calcium in urine
ANS: B

**21. A 40-year-old male presents with a history of increased thirst and urination, along with muscle weakness and confusion. Blood tests show elevated blood glucose levels and a decrease in potassium levels. Which biochemical process is most likely disrupted in this patient's body?**

A. Insulin secretion
B. Glycogen storage
C. Glucagon secretion
D. Potassium absorption
ANS: A

**22. A 35-year-old man is diagnosed with a genetic disorder that results in an inability to metabolize phenylalanine. Which enzyme is most likely deficient in this patient?**

A. Phenylalanine hydroxylase
B. Tyrosine hydroxylase
C. Tryptophan hydroxylase
D. Catechol-O-methyltransferase
ANS: A

23. Which of the following enzyme is responsible for galactose into galactitol

A. Sorbitol dehydrogenase
B. Aldose reductase
C. Aldolase B
D. Aldolase reductase
ANS: B

24. A liver biopsy from an infant with large liver and kidney, dwarfism, hypoglycemia, acidosis, and hyperlipidemia revealed a massive buildup of glycogen with a normal structure. A possible diagnosis would be:

A. Alpha 1,4-glucosidase deficiency (Pompe's disease.
B. Branching enzyme deficiency (Anderson' disease.
C. Debranching enzyme deficiency (Cori's disease.
D. Glucose 6-phosphatase deficiency (Von Giierke's disease.
ANS: D

**25. A 40-year-old woman presents with fatigue, muscle weakness, and pale skin. Her hemoglobin level is low, and peripheral blood smear shows microcytic hypochromic red blood cells. Which of the following could be the underlying cause of her condition?**

A. Vitamin C deficiency
B. Iron deficiency
C. Vitamin B12 deficiency
D. Folic acid deficiency
ANS: B

**26. The codon which serves as translation start signal is:**

A. AUG
B. UAG
C. UGA
D. UAA
E. None of above
ANS: A

**27. All of the following regarding osteogenesisimperfecta are true except**
A. Defect in Collagen type one
B. Red sclera
C. Teeth imperfection
D. Hearing loss
ANS: B

**28. A 25-year-old male presents with a history of recurrent kidney stones. Laboratory investigations reveal a hypercalciuria condition and elevated urinary oxalate levels. Deficiency in which of the following enzymes is most likely responsible for this patient's condition?**
A. 1-alpha-hydroxylase
B. Lactase
C. L-2-hydroxyglutarate dehydrogenase
D. Alanine transaminase
ANS: A

**29. A 35-year-old woman presents with neurological symptoms including numbness, tingling in her extremities, and difficulty walking. Laboratory tests reveal an elevated homocysteine level. Which of the following vitamin deficiencies is most likely contributing to her symptoms?**
A. Vitamin B12
B. Vitamin A
C. Vitamin C
D. Vitamin D
ANS: A

**30. A 50-year-old man presents with severe abdominal pain and vomiting. Laboratory tests reveal increased levels of pancreatic amylase and lipase.Which of the following is the most likely cause of his symptoms?**
A. Acute pancreatitis
B. Chronic gastritis
C. Peptic ulcer disease
D. Gallstones
ANS: A

**31. A 56-year old man brougth by there wife to the physician with complain of recent forgetfullness, diseaseness, lethargy and chronic dirrhea on examination. He has skin rashes over the neck area most likely deficiency of which one of the following vitamin**
A. Biotin
B. Nicotinic Acid
C. Folate
D. Riboflavin
ANS: B

**32. A trinucleotide repeat sequence characterized by abnormal facies, chin protrusion and large testes is diagnostic**
A. Friedreich ataxia
B. Fragile X syndrome
C. Myotonic dystrophy
D. Huntington disease
ANS: B

**33. The lipoprotein which carry endogenous cholesterol from liver to peripheral tissue is**
A. HDL
B. LDL
C. VLDL
D. IDL
ANS: C

**34. Which one of the following cofactor is required for the synthesis of GABA, Serotonin, Dopamine and Epinephrine form their respective amino acid precursor**
A. Tetrahydrofolate
B. Thiamine pyrophosphate
C. Pyridoxal phosphate
D. Cobalamine
ANS: C

**35. Corneal vascularization is seen due to deficiency of:**
A. Thiamine
B. Riboflavin
C. Niacin
D. Pantothenic acid
ANS: B

**36. A 60-year-old male with a history of excessive alcohol consumption presents with liver dysfunction, hyperlipidemia, and hyperglycemia. He has a deficiency in the enzyme acetaldehyde dehydrogenase. What biochemical process is most likely impaired in this patient?**
A. Ethanol metabolism
B. Glycolysis
C. Beta-oxidation of fatty acids
D. Urea cycle
ANS: A

**37. A 50-year-old male with type 2 diabetes presents with an unexplained increase in his blood glucose levels, despite his usual dose of insulin. His urine test reveals ketones. Which of the following biochemical processes is most likely to be contributing to the increase in ketone body production in this patient?**
A. Lipolysis
B. Glycogenesis
C. Glycolysis
D. Gluconeogenesis
ANS: A

**38. There are intracellular receptors for which of the following hormones?**
A. Insulin
B. Follicle stimulating hormone (FSH.
C. Oxytocin
D. Thyroxine
E. ACTH
ANS: D

**39. A mutation that converts an amino acid codon to stop codon is a:**
A. Nonsense mutation
B. Transversion
C. Silent mutaoitn
D. Frameshift mutation
E. Miseense mutation
ANS: A

**40. A 40-year-old female presents with anemia, fatigue, and pallor. Laboratory tests reveal a low MCV and MCHC, indicating microcytic hypochromic anemia. Iron studies show decreased ferritin and increased total iron-binding capacity (TIBC). Which of the following is the most likely diagnosis?**
A. Iron deficiency anemia
B. Thalassemia
C. Vitamin B12 deficiency
D. Folate deficiency
ANS: A

**41. Vitamin C ( Ascorbic acid) enhances the intestinal absorption**
A. Potassium
B. Sodium
C. Lodine
D. Chlorine
E. Iron
ANS: E

**42. A 40-year-old male presents with symptoms of yellowing of the skin (jaundice) and dark urine. The Patient is asymptomatic at normal condition but become symptomatic during stressful situations. Liver function tests indicate an elevated bilirubin level. Upon further investigation, it is found that he has a defect in the enzyme UDP-glucanosyltransferase. Which of the following conditions is most likely responsible for his symptoms?**
A. Hemolytic anemia
B. Gilbert's syndrome
C. Crigler-Najjar syndrome
D. Hepatitis
ANS: B

43. A 24-year-old woman presents with symptoms of diarrhea, dysphagia, jaundice, and transverse lines on her fingernails. After a diagnosis of arsenic poisoning, the underlying metabolic disruptions are being investigated. Which enzyme within the tricarboxylic acid (TCA. cycle is likely inhibited in this patient

A. Aconitase

B. Alpha ketoglutarate dehydrogenase

C. Citrate synthase

D Succinate dehydrogenase

ANS: B

44. A 30-year-old man presents with elevated serum cholesterol and triglycerides, despite a normal diet. His family history reveals that his father had cardiovascular disease at an early age. A genetic test reveals a deficiency in the LDL receptor. Which of the following lipid-related disorders is most likely present in this patient?

A. Hypertriglyceridemia

B. Familial hypercholesterolemia

C. Hyperlipoproteinemia

D. Familial dyslipidemia

ANS: B

45. Which of the following enzymes is either deficient or absent in the lens, leading to the development of cataracts in individuals with diabetes?

A. Sorbitol oxidase

B. Sucrase

C. Sorbitol dehydrogenase

D. Aldose reductase

ANS: D

46. Which enzyme is responsible for the rate-limiting step in heme biosynthesis

A. Aminoluvulinic acid synthase ( ALA synthase)

B. Uroporphyrinogen decarboxylase

C. Heme oxygenase

D. Biliverdin reductase

ANS: A

47. Which type of porphyria is characterized by acute attacks of abdominal pain, neurological symptoms, and photosensitivity

A. Porphyria cutanea tarda

B. Acute intermittent porphyria

C. Congenital erythropoietic porphyria

D. Hereditary coproporphyria

Variegate porphyria

ANS: B

48. Which of the following lipoproteins is responsible for transporting cholesterol from the peripheral tissues back to the liver for eventual elimination

A. Chylomicron

B. HDL

C. LDL

D. VLDL

ANS: B

49. A 5-year-old patient from a remote area is brought to the outpatient department (OPD. by their mother. The child's mother reports loss of appetite, abdominal distension, and skin rashes. Upon examination, the child appears pallid and severely unwell. Which of the following conditions is most likely suspected

A. Marasmus

B. Zinc deficiency

C. Kwashiorkor

D. Copper deficiency

ANS: C

50. In a recently born infant who is displaying signs of irritability and is rejecting feedings, a deficiency in cystathionine beta synthase (CBS. has been identified). Which of the subsequent compounds is likely to be elevated in the bloodstream

A. Cysteine

B. Serine

C. Alpha ketoglutarate

D. Homocysteine

ANS: D

# EMBRYOLOGY

1. A newborn is diagnosed with persistent truncus arteriosus. This condition results from the failure of which embryonic structure to develop properly?

A. Bulbus cordis

B. Aorticopulmonary septum

C. Endocardial cushions

D. Sinus venosus

ANS: B

2. A baby is born with a single umbilical artery. This is associated with:

A. Trisomy 21

B. Renal anomalies

C. Neural tube defects

D. Cardiac defects

ANS: B

3. Fossa ovalis is the remnant of which of the following structure

A. Foramen Ovale

B. Ductus venosus

C. Ligamentum venosum

D. Ductus arteriosus

ANS: A

4. A child has DiGeorge syndrome (thymic aplasia, hypocalcemia). This results from abnormal development of the:

A. 3rd pharyngeal pouch

B. 4th pharyngeal pouch

C. 1st pharyngeal arch

D. Thyroid diverticulum

ANS: A

5. A neonate has a patent ductus arteriosus (PDA). Which structure normally closes the ductus after birth?

A. Increased prostaglandins

B. Decreased oxygen tension

C. Increased nitric oxide

D. Decreased prostaglandins

ANS: D

6. A mother with poorly controlled diabetes delivers a baby with congenital heart defects. The critical period for cardiac development is:

A. Weeks 1–2

B. Weeks 3–8

C. Weeks 9–12

D. Weeks 13–16

ANS: B

7. Fetal period start from which of the following

A. 9th day of gestation

B. 9th week of gestation

C. 9month of gestation

D. 20th week of gestation

ANS: B

8. A neonate has imperforate anus. This defect arises from abnormal partitioning of the:

A. Urogenital sinus

B. Cloacal membrane

C. Allantois

D. Hindgut

ANS: B

9. Which of the following developed into Functional kidney

A. Pronephros

B. Mesonephros

C. Metanephros

D. Ureteric bud

ANS: C

10. A newborn presents with a midline defect involving protrusion of meninges and spinal cord through a vertebral column defect. This is due to failure of:

A. Neural tube closure

B. Notochord formation

C. Somite differentiation

D. Surface ectoderm fusion

ANS: A

**11. Organogenesis period is from**
A. 2nd to 6th week
B. 3rd to 8th week
C. 4th to 10th week
D. 12 to 18th week
ANS: B

**12. A child has congenital deafness and a branchial cyst. This is due to abnormal development of the:**
A. 1st pharyngeal arch
B. 2nd pharyngeal pouch
C. 3rd pharyngeal cleft
D. 4th pharyngeal arch
ANS: B

**13. All of the following derived from Neural Crest Cell except**
A. Odontoblast
B. Schawan cell
C. Adrenal cortex
D. Melanocytes
ANS: C

**14. A newborn presents with a midline neck mass that moves with swallowing. What is the most likely embryological origin.**
A. Branchial cleft remnant
B. Thyroglossal duct remnant
C. Cystic hygroma
D. Persistent pharyngeal pouch
ANS: B

**15. A newborn presents with an omphalocele. What embryological defect is most likely responsible?**
A. Failure of lateral fold closure
B. Failure of midgut rotation
C. Failure of neural tube closure
D. Persistent vitelline duct
ANS: A

**16. A 3-day-old neonate presents with bilious vomiting and a double bubble sign on X-ray. Which embryological structure failed to recanalize ?**
A. Midgut loop
B. Duodenum
C. Hindgut
D. Urachus
ANS: B

**17. A newborn is diagnosed with tetralogy of Fallot. Which embryological structure is most likely affected?**
A. Aorticopulmonary septum
B. Endocardial cushions
C. Bulbus cordis
D. Sinus venosus
ANS: A

**18. A newborn presents with a scrotal mass that transilluminates. What embryological structure is responsible for this condition?**
A. Urachus
B. Processus vaginalis
C. Mesonephric duct
D. Urogenital sinus
ANS: B

**19. A neonate is born with a single umbilical artery. This suggests an abnormality in which embryological system?**
A. Cardiovascular system
B. Respiratory system
C. Genitourinary system
D. Nervous system
ANS: C

**20. A neonate is diagnosed with a urachal fistula. What embryological remnant is responsible?**
A. Vitelline duct
B. Urachus
C. Wolffian duct
D. Müllerian duct
ANS: B

**21. A male newborn has undescended testes. What embryological structure is responsible for testicular descent?**
A. Wolffian duct
B. Müllerian duct
C. Gubernaculum
D. Urogenital sinus
ANS: C

**22. A newborn presents with a diaphragmatic hernia. What embryological structure failed to develop properly?**
A. Septum transversum
B. Pleuroperitoneal membrane
C. Mesodermal ridges
D. Neural crest cells
ANS: B

**23. A neonate presents with meconium-stained fluid and respiratory distress. What embryological defect is most likely?**
A. Tracheoesophageal fistula
B. Choanal atresia
C. Pulmonary hypoplasia
D. Persistent pulmonary hypertension
ANS: C

**24. A newborn is diagnosed with congenital adrenal hyperplasia. Which embryological structure is affected ?**
A. Mesonephric duct
B. Urogenital sinus
C. Adrenal cortex
D. Müllerian duct
ANS: C

**25. A neonate presents with Potter sequence. What embryological structure failed to develop?**
A. Urachus
B. Metanephric mesoderm
C. Wolffian duct
D. Ureteric bud
ANS: D

**26. A newborn is diagnosed with Hirschsprung disease. What embryological cells are defective?**
A. Endodermal cells
B. Mesodermal cells
C. Neural crest cells
D. Ectodermal cells
ANS: C

**27. A newborn has caudal regression syndrome. Which maternal condition is most associated with this defect?**
A. Lypus
B. Hypertension
C. Hyperthyroidism
D. Diabetes mellitus
ANS: D

## MICROBIOLOGY

1. A 5-year-old child presents with a high fever, sore throat, and a "strawberry tongue." On examination, he has a characteristic red rash that feels rough like sandpaper. Which pathogen is most likely responsible for these symptoms?

A. Streptococcus pyogenes
B. Streptococcus pneumoniae
C. Staphylococcus aureus
D. Corynebacterium diphtheriae
ANS: A

2. A 22-year-old female presents with vaginal discharge, dysuria, and pelvic pain. A Gram stain of the discharge reveals Gram-negative intracellular diplococci. Which of the following is the most likely pathogen?

A. Neisseria gonorrhoeae
B. Chlamydia trachomatis
C. Trichomonas vaginalis
D. Candida albicans
ANS: A

3. A 3-month-old infant presents with fever, irritability, and a bulging fontanelle. Cerebrospinal fluid shows a high white blood cell count and low glucose levels. A Gram stain reveals Gram-positive cocci. Which organism is most likely responsible for this condition?

A. Streptococcus agalactiae
B. Haemophilus influenzae
C. Listeria monocytogenes
D. Staphylococcus aureus
ANS: A

4. Which of the following regarding Lepromatous Leprosy are incorrect

A. Leonine facies are present
B. Having low bacterial load
C. Clofazemine added in treatment regime
D. It can be lethal
ANS: B

5. A 22 -year-old female presents with pain, swelling, and redness in her left knee. Joint aspiration reveals Gram-positive cocci that are catalase-negative and coagulase-positive. Which organism is most likely causing her septic arthritis?

A. Staphylococcus aureus
B. Streptococcus pyogenes
C. Staphylococcus epidermidis
D. Enterococcus faecalis
ANS: A

6. A 15 year old male present to OPD with complain of fever, dysphagia, sore throat from last few days. On oral examination there is greyish white membrane and Lymph nodes was palpable. Giving the Presentation the infection caused by which of the following

A. Streptococcus pyogenes
B. Corynebacterium Diphtherae
C. Hemophilus influenza
D. Klebsella
ANS: B

7. All of the following regarding clostridium Tetani are true except

A. Release tetanospasmin
B. Spastic paralysis
C. Flaccid paralysis
D. Causes resus sardonicus
ANS: C

8. A 50-year-old male with cirrhosis presents with fever, confusion, and ascites. His ascitic fluid culture grows Gram-negative bacilli that are lactose-negative and oxidase-positive. Which organism is most likely responsible for his infection?

A. Pseudomonas aeruginosa
B. Escherichia coli
C. Klebsiella pneumoniae
D. Enterobacter cloacae
ANS: A

9. A 40-year-old female with a history of recurrent urinary tract infections presents with fever, dysuria, and lower abdominal pain. Urine culture grows Gram-positive cocci that are catalase-negative and gamma-hemolytic. Which pathogen is most likely responsible for her symptoms?

A. Enterococcus faecalis
B. Streptococcus agalactiae
C. Staphylococcus epidermidis
D. Klebsiella pneumonia
ANS: A

10. A 65-year-old woman presents with fever, abdominal pain, and a palpable mass in the right lower quadrant. She has a history of diverticulosis. CT scan reveals a perforated diverticulum. A culture of the abdominal fluid grows anaerobic, Gram-negative bacilli. Which organism is most likely responsible for her condition?

A. Bacteroides fragilis
B. Clostridium difficile
C. Escherichia coli
D. Enterococcus faecalis
ANS: A

11. A 25-year-old woman presents with a history of severe cramping abdominal pain and bloody diarrhea that started after consuming contaminated food. Stool culture reveals non-lactose fermenting, oxidase-negative, and urease-negative bacteria. Which pathogen is most likely responsible for her symptoms?

A. Shigella dysenteriae
B. Salmonella enterica
C. Campylobacter jejuni
D. Escherichia coli 0157:H7
ANS: A

12. Which of the following organism can cause Reheated rice syndrome

A. Bacillus anthracis
B. Bacillus Cereus
C. Staphylococcus aerues
D. Streptococcus pyogenes
ANS: B

13. A 45-year-old male presents with watery diarrhea and abdominal cramping. He recently returned from a tropical region. Stool culture reveals Gram-negative, comma-shaped rods. What is the most likely pathogen?

A. Vibrio cholerae
B. Salmonella enterica
C. Escherichia coli 0157:H7
D. Shigella dysenteriae
ANS: A

14. A 4-year-old child presents with high fever, sore throat, and difficulty swallowing. Examination reveals a characteristic "grayish pseudo membrane" in the pharynx. Which of the following bacteria is most likely the causative agent?

A. Corynebacterium diphtheriae
B. Streptococcus pyogenes
C. Haemophilus influenzae
D. Clostridium tetani
ANS: A

15. A 55-year-old diabetic patient presents with fever, increased urine output, and cloudy urine. Urine culture grows large, non-motile, Gram-negative bacilli that produce a strong urease reaction. Which organism is most likely responsible?

A. Escherichia coli
B. Proteus mirabilis
C. Klebsiella pneumoniae
D. Pseudomonas aeruginosa
ANS: B

**16. A 52 years old patient admitted in Intensive care unit (ICU) and on multiple broad spectrum antibiotics and this morning he develops severe dirrhea most likely antibiotic responsible is**

A. Metronidazole
B. Clindamycin
C. Vancomycin
D. Fidaxomicin
ANS: B

**17. A 65-year-old male with a history of alcohol abuse presents with fever, cough, and hemoptysis. Chest X-ray reveals a cavitary lesion in the upper lobe of the lung. The sputum culture grows acid-fast bacilli. Which is the most likely causative organism?**

A. Mycobacterium tuberculosis
B. Mycobacterium avium-intracellulare
C. Nocardia asteroides
D. Actinomyces israelii
ANS: A

**18. All of the following regarding Bacillus anthracis are true except**

A. Ulcer with black eschar
B. Gram negative spore forming
C. Medusa head appearance
D. Produce anthrax toxin
ANS: B

**19. A 25-year-old woman presents with fever, malaise, and a non-productive cough. She has a recent history of attending a crowded event. Chest X-ray shows interstitial infiltrates. Mycoplasma pneumoniaeis suspected. Which of the following is the most important characteristic that differentiates Mycoplasma pneumoniaefrom other bacterial pathogens**

A. It lacks a cell wall
B. It produces an exotoxin that inhibits protein synthesis
C. It is strictly anaerobic
D. It forms a thick capsule that resists phagocytosis
ANS: A

**20. A 22-year-old male presents with fever, chills, and a red, painful swelling in the groin. On examination, the lymph node is enlarged and tender. Gram stain of aspirated pus shows Gram-negative rods. The most likely diagnosis is:**

A. Lymphogranuloma venereum
B. Bubonic plague
C. Tularemia
D Chancroid
ANS: B

**21. A 65-year-old male with a history of renal failure develops fever, chills, and hypotension. Blood cultures grow Staphylococcus epidermidis. The patient has an indwelling catheter. What is the most likely mechanism by which Staphylococcus epidermidis has caused infection in this patient**

A. Formation of a biofilm on the catheter surface
B. Production of an exotoxin that damages tissue
C. Invasion of endothelial cells
D. Ability to survive intracellularly in neutrophils
ANS: B

**22. A 40-year-old male with HIV presents with fever, a sore throat, and a diffuse, maculopapular rash. Blood cultures grow Streptococcus pyogenes and rapid antigen testing for streptococcal pharyngitis is negative. Which of the following is the most likely complication of Streptococcus pyogenes infection in this patient**

A. Scarlet fever
B. Toxic shock syndrome
C. Endocarditis
D. Acute glomerulonephritis
ANS: B

**23. A 45-year-old male with a history of alcohol use disorder presents with fever, confusion, and a productive cough. A chest X-ray shows a right upper lobe consolidation. Sputum culture grows Klebsiella pneumoniae, which is mucoid and produces a capsule. What is the primary virulence factor responsible for the pathogenicity of this organism in the lung**

A. Exotoxin production
B. Capsule formation
C. Pili for adherence to epithelial cells
D. Endotoxin release
ANS: B

**24. A 23-year-old male presents with a painful genital ulcer and swollen inguinal lymph nodes. The patient admits to unprotected sexual intercourse. Gram stain from the ulcer demonstrates Gram-negative cocci. Which of the following is the most likely causative organism**

A. Chlamydia trachomatis
B. Treponema pallidum
C. Haemophilus ducreyi
D. Herpes simplex virus
ANS: C

**25. A 50-year-old man presents with fever, productive cough, and chest pain. Chest X-ray shows a right lower lobe consolidation. A sputum culture grows Streptococcus pneumoniae The organism is sensitive to penicillin. Which of the following virulence factors is most likely responsible for the pathogenicity of Streptococcus pneumoniae in this case**

A. M protein
B. Exotoxin production
C. Capsule that inhibits phagocytosis
D. Endotoxin
ANS: C

**26. A 30-year-old male presents with a persistent cough, night sweats, and unintentional weight loss. He is found to have a positive tuberculin skin test. A sputum sample is collected, and acid-fast bacilli are identified on microscopy. Which of the following is the most appropriate first-line treatment regimen for this patient**

A. Penicillin and amoxicillin-clavulanate
B. Isoniazid, rifampin, pyrazinamide, and ethambutol
C. Ceftriaxone and doxycycline
D. Metronidazole and trimethoprim-sulfamethoxazole
ANS: B

**27. A 45-year-old female presents with a 3-day history of fever, severe headache, and photophobia. Cerebrospinal fluid (CSF) analysis reveals a white blood cell count of 800 cells/μL (predominantly neutrophils., low glucose (20 mg/dL), and elevated protein (150)mg/dL.. The Gram stain of the CSF reveals Gram-negative diplococci. Which of the following is the most likely pathogen causing this patient's condition**

A. Neisseria gonorrhoeae
B. Neisseria meningitidis
C. Haemophilus influenzae
D. Streptococcus pneumonia
ANS: B

**28. A 25-year-old male presents with fever, skin abscesses, and the presence of pus draining from multiple areas of his skin. Gram-positive cocci are observed in clusters from the purulent exudate, and the organism is catalase-positive and coagulase-positive. What is the most likely diagnosis**

A. Streptococcal pyoderma
B. Staphylococcal abscesses
C. Clostridial myonecrosis
D. Erysipelas
ANS: B

**29.** **A 24-year-old player is suffering with pain in his right leg and right upper thigh. Temperature is 102oF. X-ray of th efemur shows eroded periosteum, suggestive of osteomyelitis. Blood culture yields Gram-positive cocci. The most likely etiologic agent is:**

A. Listeria monocytogenes
B. Staphylococcus saprophyticus
C. Staphylococcus aureus
D. Streptococcus penumoniae
ANS: C

**30.** **Which of the following is not correct about the staphylococcal food poisoning?**

A. Preformed toxin
B. Contaminated milk and meat product
C. Enterotoxin
D. Incubation period is 24-48hours
ANS: D

**31.** **A 3-year-old is diagnosed with bacterial meningitis. Cerebrospinal fluid grows out gram-positive cocci in short chains and pairs. Most likely causative agent is:**

A. Group B Streptococcus
B. Haemophilus influenza
C. Staphylococcus aureus
D. Streptococcus pneumonia
ANS: D

**32.** **During an emergency surgery, a 60 year old male is found to have severe peritonitis and a perforated colon. Foul-smelling cloudy peritoneal fluid is collected. Subsequent analysis reveals the growth of black pigmented colonies on Bacteroides bile esculin agar. No growth is detected in the presence of kanamycin, colistin, or vancomycin. Which of the following microorganisms is most likely involved in this case?**

A. Actinomyces israelii
B. Bacteroides fragilis
C. Clostridium difficle
D. Enterococcus faecalis
ANS: B

**33.** **Which of the following is the treatment of choice to control the severe peritonitis followed by emergency abdominal surgery?**

A. Cephalothin
B. Erythromycin
C. Metronidazole
D. Penicillin
ANS: C

**34.** **Young female with 3-day fever presents with headache, BP 90/60 mm Hg, Heart rate of 114/min, and pin point spots developed distal to BP cuff. Most likely organism is:**

A. Brucella abortus
B. Brucella suis
C. N. meningitides
D. Staph. Aureus
ANS: C

**35.** **Which of the following ia the leading cause of Neonatal Meningitis**

A. Streptococcus agalactae
B. Streptococcus pyogenes
C. Staphylococcus aerues
D. Streptococcus pneumoniae
ANS: A

**36.** **Which of the following is the current preferred antimicrobial treatment for cutaneous anthrax?**

A. Aminoglycosides
B. Ciprofloxacin
C. Penicillin
D. Tetracyclines
ANS: B

**37.** **A 10 yrs old child suffering with signs of meningitis with fever and petechial rash. CSF examination is suggestive of bacterial meningitis. What could be the most possible organism causing this meningitis?**

A. N. meningitides
B. Strpneumoniae
C. Staphaureus
D. H influenzae
ANS: A

**38.** **A 10 yrs old child suffering with signs of meningitis with fever and petechial rash. CSF examination is suggestive of bacterial meningitis. What could be the most possible organism causing this meningitis?**

A. N.meningitidis
B. Str.pneumoniae
C. Staph.aureus
D. H.influenzae
ANS: A

**39.** **A 12 years old child presents with fever and cervical lymphadenopathy. Oral examination shows a grey membrane on the right tonsil extending to the anterior pillar. Which of the following medium will be ideal for the culture of the throat swab for a rapid identification of the pathogen?**

A. Nutrient agar
B. Blood agar
C. Loeffler's serum slope
D. LI medium
ANS: C

## VIROLOGY

**1.** **A patient with a history of unprotected sex tests positive for anti-HBc IgM and HBsAg. What is the most appropriate interpretation?**
A. Acute hepatitis B
B. Chronic hepatitis B
C. Prior HBV vaccination
D. Resolved infection
ANS: A

**2.** **A patient with a dog bite develops hydrophobia, agitation, and paralysis. Which diagnostic test confirms the infection?**
A. PCR of saliva
B. Serology (IgM antibodies.
C. Brain biopsy
D. Tzanck smear
ANS: A

**3.** **A patient presents with painful vesicular lesions in a dermatomal distribution. Which antiviral is most appropriate?**
A. Oseltamivir
B. Acyclovir
C. Ribavirin
D. Ganciclovir
ANS: B

**4.** **A patient with HIV (CD4 count: 80/μL. develops dyspnea and bilateral interstitial infiltrates on chest X-ray. Bronchoalveolar lavage reveals silver-staining cysts. Which pathogen is most likely?**
A. Pneumocystis jirovecii
B. Mycobacterium tuberculosis
C. Influenza A virus
D. Aspergillus fumigatus
ANS: A

**5.** **A neonate develops jaundice, hepatosplenomegaly, and microcephaly. TORCH screening is positive for a virus with "owl's eye" inclusion bodies on microscopy. Which virus is responsible?**
A. Cytomegalovirus (CMV)
B. Rubella virus
C. Herpes simplex virus (HSV)
D. Toxoplasma gondii
ANS: A

**6.** **A 5-year-old child presents with a high fever, cough, coryza, conjunctivitis, and a maculopapular rash starting behind the ears. Koplik spots are noted on oral examination. What is the most likely diagnosis?**
A. Rubella
B. Measles
C. Scarlet fever
D. Parvovirus B19
ANS: B

**7.** **kaposi sarcome is common skin malignancy in HIV patient which is caused by which of the following virus**
A. HPV 6,11
B. HHV8
C. EBV
D. Adenovirus
ANS: B

**8.** **A Positive HIV patient presented to the OPD with complain of Mild fever, flesh-colored papules with central umblication on the body the most likely lesion the patient have is caused by**
A. Poxvirus
B. Adenovirus
C. Hepadnavirus
D. Papillomavirus
ANS: A

**9.** **All of the following viruses having dsDNA except**
A. Herpesviruses
B. Hepadnavirus
C. Parvovirus
D. Papillomavirus
ANS: C

**10.** **All of the following regarding Herpes Simplex Virus - 2 are true except**
A. Transmitted through sexual contact
B. Latent in sacral ganglia
C. Cause genital ulcer
D. Latent in trigeminal ganglia
ANS: D

**11.** **Which of the following therapeutic antibody use in the treatment of Bronchiolitis cause by Respiratory syncitial virus**
A . Omalizumab
B. Pavalizumab
C. Natalizumab
D. Eculizumab
ANS: B

**12.** **Bright red spot with blue white centre on buccal mucosa is referred as Koplik spots which is a pathognomonic finding of which of the following**
A. Rubella
B. Herpes simplex
C. Measles
D. Adenovirus
ANS: C

**13.** **A 6-month-old with severe watery diarrhea tests positive for a virus with a "wheel-like" appearance on electron microscopy. Which vaccine prevents this infection?**
A. Rotavirus
B. Polio
C. Hepatitis B
D. MMR
ANS: A

**14.** **A 65-year-old develops a painful vesicular rash along the T10 dermatome. Which treatment reduces the risk of postherpetic neuralgia?**
A. Valacyclovir
B. Acyclovir ointment
C. Penicillin
D. Corticosteroids
ANS: A

**15.** **An HIV patient (CD4) count: 50/μL. presents with headache, photophobia, and CSF showing encapsulated yeast on India ink stain. Which pathogen is responsible?**
A. Cryptococcus neoformans
B. Toxoplasma gondii
C. Mycobacterium tuberculosis
D. Coccidioides immitis
ANS: A

**16.** **A child with influenza develops vomiting, confusion, and liver dysfunction after taking aspirin. Which diagnosis is likely?**
A. Reye syndrome
B. Guillain-Barré syndrome
C. Kawasaki disease
D. Stevens-Johnson syndrome
ANS: A

**17.** **All of the following are the complications of Mumps virus infection except**
A. Pancreatitis
B. Kidney stone
C. Orchitis
D. Meningitis
ANS: B

**18.** **A patient with a history of IV drug use tests positive for anti-HCV antibodies. Which test confirms chronic hepatitis C infection?**
A. HCV RNA PCR
B. Anti-HCV IgG
C. Liver biopsy
D. Elevated ALT/AST
ANS: A

19. A patient with confusion, fever, and temporal lobe hyperintensity on MRI undergoes lumbar puncture. CSF PCR is positive for a herpesvirus. Which treatment is urgent?

A. Acyclovir
B. Oseltamivir
C. Ceftriaxone
D. Fluconazole
ANS: A

20. A 3-year-old develops fever and painful vesicles on the palms, soles, and oral mucosa. Which virus is most likely?

A. Varicella-zoster virus (VZV.
B. Coxsackievirus A16
C. Human herpesvirus 6 (HHV-6.
D. Parvovirus B19
ANS: B

21. A child with sickle cell disease develops severe anemia and reticulocytopenia and bone narrow supression. Which viral cause is likely?

A. Parvovirus B19
B. Epstein-Barr virus
C. Cytomegalovirus
D. Hepatitis B virus
ANS: A

22. A traveler from South America presents with fever, jaundice, and hematemesis. Which vaccine could have prevented this illness?

A. Typhoid vaccine
B. Yellow Fever vaccine
C. Hepatitis A vaccine
D. Cholera vaccine
ANS: B

23. A 6-month-old infant presents with wheezing, tachypnea, and intercostal retractions. Nasopharyngeal swab is positive for a virus with syncytial formations. Which treatment is indicated?

A. Oseltamivir
B. Ribavirin
C. Palivizumab
D. Supportive care
ANS: D

24. Which of the following virus has 100 percent mortality rate and having bullet shaped virus

A. Rabies virus
B. Measles virus
C. Rubella virus
D. Ebola virus
ANS: A

25. An HIV patient (CD4: 100/μL, develops progressive weakness and MRI shows multifocal white matter lesions. Which pathogen causes this?

A. JC virus
B. Toxoplasma gondii
C. Cryptococcus neoformans
D. Cytomegalovirus
ANS: A

26. A cruise ship passenger develops sudden-onset vomiting, watery diarrhea, and abdominal cramps 24 hours after boarding. Stool tests are negative for bacteria. Which virus is most likely?

A. Rotavirus
B. Norovirus
C. Adenovirus
D. Astrovirus
ANS: B

27. A patient with HIV develops scaly, pruritic papules on the face and trunk. Biopsy shows cells with "mulberry-like" inclusions. Which virus is involved?

A. Molluscum contagiosum virus
B. Varicella-zoster virus
C. Human herpesvirus 8 (HHV-8.
D. Human papillomavirus (HPV.
ANS: A

28. A patient with a CD4 count of 20/μL develops visual floaters and retinal necrosis. Which treatment is urgent?

A. Ganciclovir
B. Acyclovir
C. Foscarnet
D. Cidofovir
ANS: A

29. A patient presents with fever, retro-orbital pain, and a maculopapular rash. Travel history includes a Caribbean island. Which arbovirus is most likely?

A. Dengue virus
B. Zika virus
C. Chikungunya virus
D. Yellow Fever virus
ANS: C

30. which of the Following serological Markers show active viral replication and high transmission rate

A. HBeAg
B. Anti - HBe
C. HbsAg
D. HBcAg
ANS: A

# MYCOLOGY

**1. Hypopigmented macules with "spaghetti and meatballs" on Potassium Hydroxide ( KOH). indicate:**

A. Tinea versicolor
B. Tinea corporis
C. Pityriasis rosea
D. Psoriasis
ANS: A

**2. Chronic meningitis in an HIV patient shows encapsulated yeast on India ink stain. Which antifungal is used?**

A. Fluconazole
B. Amphotericin B + flucytosine
C. Voriconazole
D. Caspofungin
ANS: B

**3. A neonate with oral thrush has white plaques. KOH reveals pseudohyphae. What is the treatment**

A. Nystatin
B. Fluconazole
C. Amphotericin B
D. Clotrimazole
ANS: A

**4. A patient from the Ohio River Valley has fever and hilar lymphadenopathy. Intracellular yeast are seen in macrophages. Which diagnosis is correct?**

A. Histoplasmosis
B. Coccidioidomycosis
C. Blastomycosis
D. Paracoccidioidomycosis
ANS: A

**5. A gardener develops a painless ulcer on the hand with ascending lymphangitis. Which fungus is implicated?**

A. Sporothrix schenckii
B. Coccidioides immitis
C. Blastomyces dermatitidis
D. Histoplasma capsulatum
ANS: A

**6. A diabetic patient with ketoacidosis presents with black eschar on the nasal mucosa and facial swelling. Biopsy reveals broad, non-septate hyphae. Which pathogen is responsible?**

A. Aspergillus fumigatus
B. Mucor spp.
C. Candida albicans
D. Cryptococcus neoformans
ANS: B

**7. Immunocompromised persons are suffering from several fungal diseases. Which of the following is the least frequently associated**

A. Cryptococcus neoformans
B. Aspergillus fumigatus
C. Malassezia furfur
D. Mucor species
ANS: A

**8. Which of the following causes oral thrush**

A. Histoplasmosis
B. Coccidiomycosis
C. Candida albican
D. Mucor
ANS: C

**9. Which of the following agent is added with amphotericin B for added action in cryptococcal meningitis**

A. Nystatin
B. Flucytocin
C. Itraconazole
D. Fluconazole
ANS: B

**10. A patient receiving chemotherapy for lymphoma presents with fever and pancytopenia. Blood cultures grow Candida glabrata. Which antifungal agent is the best choice for treatment?**

A. Fluconazole
B. Voriconazole
C. Amphotericin B
D. Caspofungin
ANS: D

**11. A premature neonate develops respiratory distress and systemic candidiasis. Blood culture reveals Candida albicans. What is the best antifungal treatment for this neonate?**

A. Fluconazole
B. Amphotericin B
C. Itraconazole
D. Caspofungin
ANS: B

**12. The best agent used for systemic fungal infection is Amphotericin B which directly Kill fungi which of the following is mechanism of action**

A. Inhibit 14 alpha demethylase
B. Create hole in ergosterol
C. Inhibit squalene epoxidase
D. Inhibit DNA synthesis
ANS: B

**13. A 62-year-old man with leukemia develops fever and severe right-sided chest pain. Bronchoscopy reveals necrotic bronchial mucosa, and biopsy shows broad non-septate hyphae. What is the most appropriate initial treatment?**

A. Fluconazole
B. Voriconazole
C. Amphotericin B
D. Caspofungin
ANS: C

**14. A 30-year-old gardener presents with ulcerative nodular lesions on his forearm following a minor prick injury. Culture of the lesion grows dimorphic fungi that appear as cigar-shaped yeasts at 37°C. What is the most likely diagnosis?**

A. Chromoblastomycosis
B. Sporotrichosis
C. Mycetoma
D. Coccidioidomycosis
ANS: B

**15. All of the following regarding cryotococcus neoforman are true except**

A. Found in Pigeon dropping
B. Saop bubbles appearance in Brain lesion
C. India ink use for it
D. Cause invasive aspergillosis
ANS: D

**16. A 40-year-old renal transplant recipient develops fever, hemoptysis, and pleuritic chest pain. CT scan shows nodular infiltrates with a "halo sign." Sputum culture grows septate hyphae with acute-angle branching. What is the most likely diagnosis?**

A. Pulmonary cryptococcosis
B. Pulmonary aspergillosis
C. Pulmonary histoplasmosis
D. Pulmonary mucormycosis
ANS: B

**17. Which of the following causes Rose Gardener disease**

A. Histoplasma
B. Sporothrix Schenckii
C. Mucor
D. Blastomyces
ANS: B

**18. A 35-year-old HIV-positive man presents with headache, fever, and confusion for the past week. Lumbar puncture reveals an increased opening pressure, and India ink staining of cerebrospinal fluid (CSF) shows encapsulated yeast cells. Which of the following is the most likely causative organism?**

A. Aspergillus fumigatus
B. Cryptococcus neoformans
C. Candida albicans
D. Histoplasma capsulatum
ANS: B

**19. A 58 -year-old patient presents with a chronic skin infection characterized by nodules along the lymphatic drainage (Ascending lymphangitis). A biopsy reveals dimorphic fungi with cigar-shaped budding yeasts. What is the most likely diagnosis?**

A. Sporotrichosis
B. Mycetoma
C. Blastomycosis
D. Coccidioidomycosis
ANS: A

**20. A 64 years old diabetic patient with chronic renal failure presents with dysphagia, oral thrush, and a burning sensation in the mouth. What is the most likely causative agent?**

A. Aspergillus fumigatus
B. Candida albicans
C. Histoplasma capsulatum
D. Cryptococcus neoformans
ANS: B

**21. A 50 years old kidney transplant patient presents with pneumonia and meningitis. Blood culture grows a fungus with a thick polysaccharide capsule. Which of the following diagnostic tests would be most helpful in confirming the diagnosis?**

A. India ink staining of CSF
B. KOH preparation of sputum
C. Silver stain of lung biopsy
D. Wood's lamp examination
ANS: A

**22. A 58 years old diabetic man with poor glycemic control presents with a black necrotic ulcer on his hard palate and nasal turbinate destruction. Which of the following fungi is the most likely cause?**

A. Aspergillus fumigatus
B. Rhizopus species
C. Candida albicans
D. *Sporothrix schenckii*
ANS: B

**23. A 48 years old male with a history of chronic steroid use presents with hemoptysis and fever. A chest CT shows a cavitary lesion with a "fungus ball" inside. Which of the following organisms is most likely responsible?**

A. Aspergillus fumigatus
B. Mucor species
C. Candida albicans
D. Sporothrix schenckii
ANS: A

**24. A 35 Yeara old HIV-positive man presents with progressive dyspnea, dry cough, and fever. A chest X-ray shows diffuse bilateral interstitial infiltrates. Bronchoalveolar lavage reveals methenamine silver-stained cysts. Which of the following is the most likely diagnosis?**

A. Cryptococcosis
B. Histoplasmosis
C. Pneumocystis jirovecii pneumonia
D. Aspergillosis
ANS: C

**25. Which of the following fungus species release aflatoxin**

A. Mucor
B. Blastomyces
C. Aspergillus
D. Histoplasma
ANS: C

**26. A 34 years old man presents with chronic foot swelling, multiple draining sinuses, and granules in the pus. Microscopic examination reveals fungal filaments. What is the most likely diagnosis?**

A. Sporotrichosis
B. Chromoblastomycosis
C. Mycetoma
D. Blastomycosis
ANS: C

**27. Diapher rash is mainly caused by which of the following**

A. Aspergillus
B. Candida albicans
C. Cryptococcus neoforman
D. Blastomyces
ANS: B

**28. A 46-year-old man presents with a non-healing ulcer on his arm following a minor injury while working on his farm. Microscopic examination of a biopsy reveals pigmented fungal elements. Which of the following is the most likely diagnosis?**

A. Sporotrichosis
B. Chromoblastomycosis
C. Coccidioidomycosis
D. Aspergillosis
ANS: B

**29. A 38-year-old HIV-positive man presents with progressive dyspnea, dry cough, and fever. A chest X-ray shows diffuse bilateral interstitial infiltrates. Bronchoalveolar lavage reveals methenamine silver-stained cysts. Which of the following is the most likely diagnosis?**

A. Cryptococcosis
B. Histoplasmosis
C. Pneumocystis jirovecii pneumonia
D. Aspergillosis
ANS: C

**30. A 16 years old female presents with recurrent oral thrush and dysphagia. She is found to be HIV-positive. Endoscopy reveals white plaques in the esophagus, which scrape off easily. What is the most likely causative agent?**

A. Candida albicans
B. Histoplasma capsulatum
C. Cryptococcus neoformans
D. Coccidioides immitis
ANS: A

**31. A patient presents with hyperpigmented, scaly patches on the chest and back that do not tan in the sun. What is the likely causative organism?**

A. Malassezia furfur
B. Candida albicans
C. Trichophyton rubrum
D. Aspergillus fumigatus
ANS: A

**32. A farmer from Ohio presents with fever and hepatosplenomegaly. A biopsy of a mediastinal lymph node shows small yeast inside macrophages. What is the most likely causative organism?**

A. Aspergillus Fumigatus
B. Blastomyces dermatitidis
C. Coccidioides immitis
D. Histoplasma capsulatum
ANS: D

**33. A 40-year-old patient presents with fever and a pustular rash. Blood cultures grow yeast that forms germ tubes. What is the most likely causative organism**

A. Aspergillus Fumigatus
B. Candida albicans
C. Cryptococcus neoformans
D. Pneumocystis jirovecii
ANS: B

**34. A construction worker presents with fever, cough, and weight loss. Chest X-ray shows cavitary lung lesions. Sputum culture on Sabouraud's agar grows thick-walled broad-based budding yeasts. What is the most likely diagnosis?**

A. Histoplasmosis
B. Blastomycosis
C. occidioidomycosis
D. Aspergillosis
ANS: B

**35. A 48 years old farmer presents with a chronic, non-healing ulcer on his arm. The lesion started as a small papule after a minor injury while handling plants. Biopsy reveals cigar-shaped yeast. What is the most likely causative organism?**

A. Sporothrix schenckii
B. Blastomyces dermatitidis
C. Histoplasma capsulatum
D. Candida albicans
ANS: A

**36.** **A bone marrow transplant patient develops fever and respiratory distress. CT scan shows multiple nodular lung infiltrates with a halo sign. What is the most likely diagnosis?**

A. Invasive aspergillosis
B. Pneumocystis pneumonia
C. Candidemia
D. Mucormycosis

**ANS: A**

**37.** **A 54 years old man from Arizona presents with fever, joint pain, and a persistent cough. A lung biopsy reveals spherules containing endospores. What is the most likely diagnosis?**

A. Aspergilosis
B. Histoplasmosis
C. Blastomycosis
D. Coccidioidomycosis

**ANS: D**

# DERMATOLOGY

1. **A 45-year-old man presents with a well-demarcated, erythematous, scaly plaque on his elbow that has been present for several months. The lesion is pruritic and occasionally bleeds when scratched. On examination, the plaque has a silvery scale. The patient reports a family history of similar skin lesions. What is the most likely diagnosis?**

A. Atopic dermatitis
B. Psoriasis
C. Tinea corporis
D. Lichen planus
ANS: B

2. **A 30-year-old woman presents with a sudden onset of multiple, intensely pruritic, erythematous wheals on her trunk and extremities. She reports no recent exposure to new foods or medications. The lesions appear and disappear within hours. What is the most likely diagnosis?**

A. Urticaria
B. Contact dermatitis
C. Erythema multiforme
D. Scabies
ANS: A

3. **A 25-year-old man presents with a painful, erythematous, swollen plaque on his lower leg. He reports a fever and chills. On examination, the plaque is warm and tender with indistinct margins. What is the most likely diagnosis?**

A. Cellulitis
B. Erysipelas
C. Necrotizing fasciitis
D. Deep vein thrombosis
ANS: A

4. **A 50-year-old woman presents with a slowly enlarging, pearly, telangiectatic nodule on her nose. The lesion has a central ulcer and rolled edges. What is the most likely diagnosis?**

A. Basal cell carcinoma
B. Squamous cell carcinoma
C. Melanoma
D. Seborrheic keratosis
ANS: A

5. **A 10-year-old boy presents with multiple, small, flesh-colored papules on his face. The lesions are asymptomatic and have a central umbilication. What is the most likely diagnosis?**

A. Molluscum contagiosum
B. Verruca vulgaris
C. Milia
D. Acne vulgaris
ANS: A

6. **A 60-year-old man presents with a rapidly growing, ulcerated nodule on his scalp. The lesion is friable and bleeds easily. He has a history of chronic sun exposure. What is the most likely diagnosis?**

A. Squamous cell carcinoma
B. Basal cell carcinoma
C. Melanoma
D. Keratoacanthoma
ANS: A

7. **A 35-year-old woman presents with a butterfly-shaped erythematous rash on her face. She also reports joint pain, fatigue, and photosensitivity. What is the most likely diagnosis?**

A. Systemic lupus erythematosus
B. Rosacea
C. Seborrheic dermatitis
D. Dermatomyositis
ANS: A

8. A 20-year-old woman presents with multiple, discrete, erythematous papules and pustules on her face. She reports worsening of the lesions before her menstrual cycle. What is the most likely diagnosis?

A. Acne vulgaris
B. Rosacea
C. Perioral dermatitis
D. Folliculitis
ANS: A

9. A 40-year-old man presents with a solitary, firm, painless nodule on his scalp. The lesion has a central keratin plug and is surrounded by erythema. What is the most likely diagnosis?

A. Keratoacanthoma
B. Basal cell carcinoma
C. Squamous cell carcinoma
D. Sebaceous cyst
ANS: A

10. A 5-year-old boy presents with multiple, intensely pruritic, erythematous papules and vesicles on his hands and feet. The lesions are linear and appear in clusters. What is the most likely diagnosis?

A. Scabies
B. Atopic dermatitis
C. Dyshidrotic eczema
D. Contact dermatitis
ANS: C

11. A 70-year-old man presents with a large, irregularly shaped, pigmented lesion on his back. The lesion has variegated colors and an asymmetrical border. What is the most likely diagnosis?

A. Melanoma
B. Seborrheic keratosis
C. Basal cell carcinoma
D. Dermatofibroma
ANS: A

12. A 30-year-old woman prese with a sudden onset of pain erythematous nodules on shins. She reports a recent s throat. What is the most lik diagnosis?

A. Erythema nodosum
B. Cellulitis
C. Vasculitis
D. Lupus panniculitis
ANS: A

13. A 25-year-old man presents w a pruritic, erythematous rash the groin area. The rash has well-defined border and cent clearing. What is the most like diagnosis?

A. Tinea cruris
B. Candidiasis
C. Intertrigo
D. Psoriasis
ANS: A

14. A 50-year-old woman prese with a pruritic, erythematous ra on her wrists and ankles. The lesions are violaceous, flat-topp papules. What is the most lik diagnosis?

A. Lichen planus
B. Psoriasis
C. Eczema
D. Pityriasis rosea
ANS: A

15. A 10-year-old girl presents wit pruritic, erythematous rash her face and arms. The rash exacerbated by sun exposu What is the most likely diagnosi

A. Polymorphous light eruption
B. Lupus erythematosus
C. Atopic dermatitis
D. Contact dermatitis
ANS: A

16. A 40-year-old man presents w a pruritic, erythematous rash the axillae and groin. The rash h satellite lesions and a beefy r appearance. What is the m likely diagnosis?

A. Candidiasis
B. Tinea cruris
C. Intertrigo
D. Psoriasis
ANS: A

17. A 60-year-old woman presents with a pruritic, erythematous rash on her lower legs. The rash is associated with brownish discoloration and scaling. What is the most likely diagnosis?

A. Stasis dermatitis
B. Cellulitis
C. Venous ulcers
D. Lichen simplex chronicus
ANS: A

18. A 30-year-old man presents with a pruritic, erythematous rash on his hands. The rash is associated with vesicles and scaling. He works as a mechanic and frequently handles oils and solvents. What is the most likely diagnosis?

A. Contact dermatitis
B. Dyshidrotic eczema
C. Tinea manuum
D. Psoriasis
ANS: A

19. A 20-year-old woman presents with a pruritic, erythematous rash on her trunk. The rash has a "Christmas tree" distribution and is preceded by a herald patch. What is the most likely diagnosis?

A. Pityriasis rosea
B. Tinea versicolor
C. Psoriasis
D. Lichen planus
ANS: A

20. A 50-year-old man presents with a pruritic, erythematous rash on his scalp. The rash is associated with greasy scales. What is the most likely diagnosis?

A. Seborrheic dermatitis
B. Psoriasis
C. Tinea capitis
D. Atopic dermatitis
ANS: A

21. A 35-year-old male presents with a well-demarcated, erythematous, scaly plaque on the extensor surface of his elbow. He reports that the lesion has been present for several months and occasionally worsens in the winter. There is no history of recent drug intake, fever, or systemic symptoms. Auspitz sign is positive. Which of the following is the most likely diagnosis?

A. Atopic dermatitis
B. Psoriasis
C. Tinea corporis
D. Pityriasis rosea
ANS: B

22. A 45-year-old woman presents with multiple pruritic, purple, polygonal papules on her wrists and oral mucosa. She reports a burning sensation in her mouth and has a history of hepatitis C. Wickham striae are observed on the lesions. What is the most likely diagnosis?

A. Lichen planus
B. Pemphigus vulgaris
C. Erythema multiforme
D. Dermatitis herpetiformis
ANS: A

23. A 60-year-old man presents with tense, fluid-filled bullae on his trunk and extremities. Nikolsky sign is negative. A skin biopsy with direct immunofluorescence shows linear IgG deposition along the basement membrane. What is the most likely diagnosis?

A. Pemphigus vulgaris
B. Bullous pemphigoid
C. Dermatitis herpetiformis
D. Erythema multiforme
ANS: B

24. A 25-year-old man presents with a painful, ulcerative lesion on his penis that appeared a few days after unprotected sexual intercourse. The lesion has a ragged border and is accompanied by tender inguinal lymphadenopathy. What is the most likely diagnosis?

A. Syphilis
B. Chancroid
C. Herpes simplex virus infection
D. Lymphogranuloma venereum
ANS: B

25. A 50-year-old woman presents with multiple, well-defined, depigmented macules on her hands and face. The lesions are asymptomatic and show no scaling. Wood's lamp examination enhances the depigmentation. What is the most likely diagnosis?

A. Vitiligo
B. Tinea versicolor
C. Pityriasis alba
D. Hansen's disease
ANS: A

26. A 28-year-old male presents with multiple erythematous macules that evolve into target lesions over his trunk and extremities. He recently started taking sulfa-containing antibiotics. What is the most likely diagnosis?

A. Urticaria
B. Erythema multiforme
C. Toxic epidermal necrolysis
D. Fixed drug eruption
ANS: B

27. A 55-year-old man presents with a non-healing, ulcerated lesion on his lower lip. He has a history of chronic sun exposure due to his outdoor occupation. Histopathology reveals keratin pearls. What is the most likely diagnosis?

A. Basal cell carcinoma
B. Squamous cell carcinoma
C. Actinic keratosis
D. Melanoma
ANS: B

28. A 40-year-old woman presen with thick, hyperpigmente velvety plaques on her neck an axillae. She is obese and has history of insulin resistance. Wh is the most likely diagnosis?

A. Acanthosis nigricans
B. Seborrheic keratosis
C. Lichen simplex chronicus
D. Tinea corporis
ANS: A

29. A 6-year-old child presents wi honey-colored crusted lesions o the face. The lesions started a vesicles and ruptured to for crusts. What is the most like diagnosis?

A. Impetigo
B. Varicella
C. Scabies
D. Herpes simplex
ANS: A

30. A 65-year-old farmer presen with a slowly enlarging pear nodule on his face wit telangiectasias. The lesion has rolled border and a centr ulceration. What is the mos likely diagnosis?

A. Squamous cell carcinoma
B. Basal cell carcinoma
C. Melanoma
D. Actinic keratosis
ANS: B

31 A 23-year-old woman presen with well-demarcate depigmented macules on he upper back. The lesions appe more prominent after su exposure. KOH preparation show spaghetti and meatba appearance. What is the mos likely diagnosis?

A. Vitiligo
B. Tinea versicolor
C. Pityriasis alba
D. Erythrasma
ANS: B

32. **A 5-year-old child presents with a pruritic rash consisting of multiple excoriated papules and burrows in the web spaces of the fingers. Family members have similar complaints. What is the most likely diagnosis?**

A. Scabies
B. Eczema
C. Lichen planus
D. Psoriasis
ANS: A

33. **A 30-year-old man presents with a rapidly growing, dome-shaped nodule with a central keratin plug on his face. The lesion appeared within weeks and has not healed. What is the most likely diagnosis?**

A. Keratoacanthoma
B. Basal cell carcinoma
C. Squamous cell carcinoma
D. Actinic keratosis
ANS: A

34. **A 14-year-old girl presents with erythematous, greasy scales on her scalp and eyebrows. The condition worsens in cold weather. What is the most likely diagnosis?**

A. Psoriasis
B. Seborrheic dermatitis
C. Tinea capitis
D. Contact dermatitis
ANS: B

35. **A 20-year-old male presents with painful nodules and draining sinuses in the axillary region. He has a history of recurrent episodes. What is the most likely diagnosis?**

A. Hidradenitis suppurativa
B. Furunculosis
C. Epidermoid cyst
D. Carbuncle
ANS: A

36. **A 30-year-old male presents with multiple tender, erythematous nodules on the shins. He reports a history of recent streptococcal throat infection. What is the most likely diagnosis?**

A. Erythema multiforme
B. Erythema nodosum
C. Pyoderma gangrenosum
D. Sweet's syndrome
ANS: B

37. **A 28-year-old woman presents with a butterfly-shaped rash over her cheeks and nose. She also complains of joint pain and photosensitivity. What is the most likely diagnosis?**

A. Rosacea
B. Systemic lupus erythematosus
C. Seborrheic dermatitis
D. Contact dermatitis
ANS: B

38. **A 12-year-old boy presents with a scaly, pruritic lesion on his scalp with patchy hair loss. Wood's lamp examination is positive, and KOH preparation shows fungal elements. What is the most likely diagnosis?**

A. Alopecia areata
B. Tinea capitis
C. Seborrheic dermatitis
D. Psoriasis
ANS: B

39. **A 40-year-old woman presents with chronic facial flushing, telangiectasias, and papulopustular lesions on the central face. She reports worsening symptoms with alcohol and spicy foods. What is the most likely diagnosis?**

A. Acne vulgaris
B. Rosacea
C. Perioral dermatitis
D. Seborrheic dermatitis
ANS: B

40. **A 45-year-old male presents with recurrent episodes of painful oral and genital ulcers, along with eye involvement. Pathergy test is positive. What is the most likely diagnosis?**

A. Pemphigus vulgaris
B. Behçet's disease
C. Herpes simplex virus infection
D. Stevens-Johnson syndrome
ANS: B

# GYNAECOLOGY

1. **A 45 yr old multiparous woman complains of involuntary loss of urine associated with coughing, laughing, lifting or standing. The history is most suggestive of**

A. Fistula
B. Stress incontinence
C. Urge incontinence
D. Urethral diverticulum
ANS: B

2. **A 48 years old woman with a family history of Lynch syndrome. The recommended screening is:**

A. Annual Pap smear
B. Colonoscopy every 1–2 years
C. Annual CA-125 and transvaginal ultrasound
D. Annual mammography
ANS: B

3. **A 46 years old woman with stress urinary incontinence. The first-line surgical treatment is**

A. Midurethral sling
B. Burch colposuspension
C. Pelvic floor physiotherapy
D. Botox injections
ANS: A

4. **Which of the following drug most clearly decreases combined OCP efficacy**

A. Cefixime
B. Cipro
C. Doxycyline
D. Rifampin
ANS: D

5. **A 24 years old G2P1A0 had last menstrual period 9 weeks ago. She presents with bleeding and passage of tissues pervaginum. Bleeding is associated with lower abdominal pain. The most likely diagnosis is:**

A. Threatened abortion
B. Inevitable abortion
C. Incomplete abortion
D. Ectopic pregnancy
ANS: D

6. **A 20 year old woman with primary amenorrhea. Karyotype is 46,XY. The diagnosis is**

A. Turner syndrome
B. Androgen insensitivity syndrome (AIS)
C. Müllerian agenesis
D. PCOS
ANS: B

7. **Fetal Period Start From which of the following:**

A. 2nd week of ovulation
B. 6th week of ovulation
C. 9th week of ovulation
D. 18th week of ovulation
ANS: C

8. **23 years old primigravida presents to you at fourteen weeks of gestation. She is concerned about normality of fetus. At what time you will advise her detailed fetal anomaly scan:**

A. 22-24 weeks
B. 14-16 weeks
C. 18-22 weeks
D. 10-14 weeks
ANS: C

9. **A 25 years old school teacher Para 1 wants to use oral contraceptive pills for contraception. She is asking about the mode of action of oral contraceptive pills. The mechanism of action of oral contraceptive pills is**

A. Inhibiting ovulation by suppression of FSH and LH
B. Inducing endometrial atrophy
C. Increasing cervical mucous hostility
D. Inducing endometritis
ANS: A

10. A 26 years old G2P2 has presented with complaints of brownish vaiginal discharge, passage of vesicies and excessive vomiting. Ultrasound shows snowstorm appearance in uterus with no fetus. The most likely diagnosis is

A. Septic induced abortion
B. Twin Pregnancy
C. Gestational Trophoblastic Disease
D. Ectopic Pregnancy
ANS: C

11. A 24 year old patient complains of amenorrhea after having dilatation and curettage. The most likely diagnosis is

A. Kallmann's syndrome
B. Turner's syndrome
C. Asherman's syndrome
D. Pelvic inflammatory disease
ANS: C

12. You are working as house officer in gynae OPD. Your registrar is examining a 60 year old female with Uterovaginal prolapse. Registrar told you that patient is having 2nd degree UV prolapse. Main supports of uterus are

A. Broad Ligaments
B. Round ligaments
C. Pubo Cervical Fascia
D. Cardinal Ligaments
ANS: D

13. A 58 year old school teacher presented with C/O hot flushes and vaginal dryness. Her mother had venous thromboembolism. Best suited HRT for her is

A. Oral Conjugated estrogens
B. Vaginal estrogens
C. Transdermal estradiol
D. Progesterone Only
ANS: D

14. A 50 years patient comes in the postoperative period with H/O high grade fever & wound tenderness. Examination reveals a tender red, hot swelling 3x4 cm on right side of wound suggesting abscess. Most suitable option for her

A. Antibiotics
B. Analgesics
C. Aspiration of swelling
D. Incision & drainage
ANS: D

15. A 40 years old woman comes to you after third miscarriage. She's very upset & want to know the cause. She previously has 2 girls with last child born 10 years. She doesn't have any medical ailment. The risk factor most likely involved is

A. Uterine Anomaly
B. Advancing maternal age
C. Infection
D. Lupus Anticoagulant Syndrome
ANS: D

16. A 24 year old, primigravida, is brough to ER with a history of delivery in a small maternity clinic, 3 hours ago. It was followed by heavy vaginal bleeding. On examination, her pulse is 110 b/min, and her BP is 100/60 mmHg. Abdominal examination shows that the uterus is soft and Bulky What is the most probable cause of bleeding in this case

A. Disseminated intravascular coagulation
B. Genital tract injury
C. Uterine atony
D. Uterine rupture
ANS: C

**17.** **A 25 years old P2 comes to emergency, after home delivery with heavy bleeding per vaginum. After evaluation and emergency resuscitation she is diagnosed as a case of uterine atony. What is the appropriate medicine in the management of this case**

A. Oxytocin
B. Salbutamol
C. Beta blockers
D. Magnesium sulphate
**ANS: A**

**18.** **A young lady complains of excessive vaginal discharge which increases after menstruation and is offensive. Following is the most important criterion for diagnosis of bacterial vaginosis**

A. Fishy smell
B. Characteristic discharge
C. Vaginal pH>4.5
D. Culture shows gardenerella vaginalis
**ANS: C**

**19.** **Endometriosis is:**

A. Presence of endometrial tissue in the myometrium*
B. Presence of endometrial tissue outside uterus
C. Presence of endometrial tissue in the uterine cavity
D. A malignant disease
**ANS: B**

**20.** **Subtype of human papilloma virus (HPV) associated with CA cervix is:**

A. Type 6
B. Type 16
C. Type 5
D. Type 11
**ANS: B**

**21.** **A 28 year old girl P3+0 come to OPD with multiple irregular growths on vulva and itching. O/E warty lesions are seen on vulva and vagina. Genital warts are caused by:**

A. Human papillomavirus 6 and 11
B. Human papillomavirus 11 and 16
C. Herpes simplex virus
D. Herpes zoster virus
**ANS: A**

**22.** **A 27 years old female had IUCD placed. Now she complains of heavy vaginal bleeding, discharge and crampy lower abdominal pain. How will you manage her condition:**

A. Danazol
B. COCP
C. DnC
D. Remove the IUCD
**ANS: D**

**23.** **A woman after prolonged labour delivered an asphyxiated baby, who died after 24 hours. Which drug will be used for the suppression of milk formation**

A. Oestrogen
B. Progesterone
C. Phenothiazine
D. Bromocriptine
**ANS: D**

**24.** **A 16 year old girl presents with appetite, insomnia, and amenorrhea for 3 months. What is the most likely diagnosis, and how will you confirm it?**

A. Blood CP
B. Beta Hcg
C. Ultrasound
D. CT Scan
**ANS: B**

**25.** A 56 year old woman presents with complaints of insomnia, vaginal drness, and lack of menses for 13 months. What is the most likely diagnosis?

A. Amenorrhea
B. Dysmenorhea
C. Menopause
D. Metrorraghia
ANS: C

**26.** A 22 years old women present to the gynaecologist complaining of fishy odor discharge from vagina. Pelvic examination shows gray white vaginal discharge and Microscopy shows Clue Cell. Most likely diagnosis is

A. Trichomoniasis
B. Bacterial vaginosis
C. Candida infections
D. Pelvic inflammatory disease
ANS: B

**27.** A 44 year old lady presents to PD for annual examination. She has been having diffuse abdominal fullness for the past month. O/E, Hypoactive bowel sounds and some abdominal guarding on deep palpation. In addition, a solid mass is noted in her right adnexa on bimanual vaginal examination. On abdominal examination, decreased breath sounds and a fluid wave is notable. The most likely diagnosis?

A. Dermoid cyst
B. Meigs syndrome
C. Polycystic ovarian syndrome
D. Struma ovarii
ANS: B

**28.** Which of the following is classic symptom of Uterine Fibroid

A. Pain in lower abdomen
B. Dysmenorhea
C. Purulent vaginal discharge
D. Menorraghia
ANS: D

**29.** Which of the following tumour markers elevated in epithelial ovarian tumour

A. CA-125
B. LDH
C. CA 19-9
D. AFP
ANS: A

**30.** A 23-year old female with no family or personal history of breast CA presents to the OPD with a small, firm mass in the lower inner quadrant of her right breast. Palpation of the mass reveals the mass is firm, non-tender, and mobile, with no overlying skin changes and no nipple discharge. There is no associated palpable axillary or supraclavicular lymphadenopathy. The most likely diagnosis?

A. Invasive ductal carcinoma
B. Fibrocystic changes
C. Fibroadenoma
D. Intraductal papilloma
ANS: C

**31.** Which of the following is golden standard investigation for the diagnosis of Ectopic pregnancy

A. Beta HCG
B. Ultrasound
C. Laparoscopy
D. Amniocentesis
ANS: C

**32.** A 28-year-old woman, who has been taking oral contraceptives for 3 months, unexpectedly becomes pregnant while also being treated with other medications. Among the following options, which additional drug she is receiving is most likely to have which effect on the oral contraceptives

A. Increased excretion of oral contraceptives
B. Acts as an enzyme inducer
C. Reduced bioavailability of oral contraceptives
D. Had no impact on oral contraceptives
ANS: B

**33.** A 22 year old pregnant woman in her third trimester presents with a pale complexion. Her hemoglobin level is 10 gm/dl, and her blood smear shows hypochromic microcytic red blood cells with a few target cells. What is the most probable diagnosis

A. Aplastic anemia
B. Folate deficiency anemia
C. Iron deficiency anemia
D. Thalassemia trait
ANS: D

**34.** A 30 years old woman developed amenorrhea after evacuation and curettage (E & C) which was done six months ago for incomplete miscarriage. Most probable diagnosis is

A. Kallman syndrome
B. Premature ovarian failure
C. Asherman's Syndrome
D. Premature ovarian failure
ANS: C

**35.** A 30 years old woman comes with ulcers on vulva. O/E multiple ulcer which were non-tender and inguinal lymph nodes were enlarged. The diagnosis is

A. Tuberculosis
B. Herpes
C. Syphilis
D. Chancroid
ANS: C

**36.** A 35-year-old woman, who has given birth 5 times and had 3 miscarriages, presents at a gynecology specialist clinic with a history of chronic vaginal discharge over the past 5 years and occasional episodes of post-coital bleeding. During speculum examination, a foul-smelling discharge is observed in the posterior fornix, along with an unhealthy-looking cervix. High Vaginal Swab (HVS. results indicate a trichomonal infection. What is the most appropriate next investigative step

A. Cervical biopsy
B. Abdominal ultrasonography
C. Pap smear
D. Pelvic X- ray
ANS: C

**37.** A 17 years old girl who started menstruating 3 years ago, presents with a 3-month history of weight loss and amenorrhea. She weighed 65 kg three months ago and has been attempting to lose weight through jogging and diet control. On clinical examination, she is 165 cm tall, weighs 40 kg, with a pulse of 56/min, and blood pressure at 90/50 mm Hg. She appears dysphoric, but systemic examination is unremarkable. What is the most likely diagnosis

A. Addison disease
B. Anorexia nervosa
C. Malignancy
D. Tuberculosis
ANS: B

**38.** A 36 years old woman who has never given birth presents with excessive menstrual bleeding, severe menstrual pain, and painful sexual intercourse. On physical examination, her uterus measures 8 weeks in size, feels firm, and is uniformly enlarged. What is the most probable diagnosis among the following options

A. Adenomyosis
B. Dysfunctional Uterine Bleeding
C. Fibroid
D. Endometriosis
ANS: A

**39.** A 58 years old woman with post-menopausal symptoms has been prescribed Estrogen therapy. Which pathological condition is she most likely to develop as a potential side effect of this treatment

A. Endometrial cancer
B. Ovarian malignancy
C. Renal carcinoma
D. Fibroids
ANS: A

**40.** A 22 years old woman visits the Gynecology clinic with a concern about experiencing frequent, heavy menstrual bleeding occurring every 20 days. What is the most appropriate term to describe her condition

A. Menorrhagia
B. Metrorrhagia
C. Menometrorrhagia
D. Polymenorrhea
ANS: C

# OBSTETRICS

1. A 32 year old G1P0 woman with a history of SLE at 36 weeks GA presents with headache and RUQ pain. She is admitted and found to have a BP of 165/100 and 170/105 mm Hg when tested twice 6 hours apart, as well as 3+ protein on urine dipstick most likely diagnosis is

A. Gestational hypertension
B. Preeclampsia
C. Eclampsia
D. Chronic hypertension
ANS: B

2. A 24 years old G2P1A0 had last menstrual period 9 weeks ago. She presents with bleeding and passage of tissues pervaginum. Bleeding is associated with lower abdominal pain. The most likely diagnosis is:

A. Threatened abortion
B. Inevitable abortion
C. Incomplete abortion
D. Ectopic pregnancy
ANS: D

3. A 24 years old primigravida presents to you at fourteen weeks of gestation. She is concerned about normality of fetus. At what time you will advice her detailed fetal anomaly scan

A. 22-24 weeks
B. 14-16 weeks
C. 18-22 weeks
D. 10-14 weeks
ANS: C

4. A 32 years old G6P5 is admitted in labor room with H/O 32 weeks gestation, mild vaginal bleeding and abdominal pain. O/E her blood pressure 140/100 mm Hg, abdomen is tense, tender and hard. Fetal heart sounds are not audible. What is the most likely diagnosis

A. Placenta praevia
B. abruption placenta
C. Preterm labour
D. Urinary tract infection
ANS: B

5. A 25 years old P2 comes to emergency, after home delivery with heavy bleeding per vaginum. After evaluation and emergency resuscitation she is diagnosed as a case of uterine atony. What is the appropriate medicine in the management of this case

A. Oxytocin
B. Salbutamol
C. Beta blockers
D. Magnesium sulphate
ANS: A

6. The following are transported across the placenta

A. IgA
B. IgG
C. Calcium
D. Insulin
ANS: A

7. An 18 years old G2P1001 with the first day of her last menstrual period of May 7 presents for her first OB visit at 10 weeks. What is this patient's estimated date of delivery

A. February 10 of the next year
B. February 14 of the next year
C. December 10 of the same year
D. December 14 of the same year
ANS: B

8. A 20 year old G1 at 36 weeks in being monitored for preeclampsia; she rings the bell for the nurse because she is developing a headache and feels funny. As you and the nurse enter the room, you witness the patient undergoing a tonic clonic seizure. You secure the patient's airway, and within a few minute the seizure is over. The patient's blood pressure monitor indicates a pressure of 160/110 mm Hg. Which of the following medications is recommended for the prevention of a recurrent eclamptic seizure

A. Hydralazine
B. Magnesium suflate
C. Labetalol
D. Pitocin
ANS: B

9. **A 24 year old G1 at 14 weeks gestation presents to your office with a history of recent exposure to her 3 year old nephew who had a rubella viral infection. In which time period does maternal infection with rubella virus carry the greatest risk for congenital rubella syndrome in the fetus**

A. Preconception
B. First trimester
C. Second trimester
D. Third trimester
ANS: B

10. **A couple presents to your office to discuss sterilization. They are very happy with their four children and do not want any more. You discuss with them the pros and cons of both female and male sterilization. The 34-year old male undergoes a vasectomy. Which of the following is the most frequent immediate complication of this procedure**

A. Infection
B. Impotence
C. Hematoma
D. Spontaneous
ANS: A

11. **27 years old female had IUCD placed. Now she complains of heavy vaginal bleeding, discharge and crampy lower abdominal pain. How will you manage her condition:**

A. Danazol
B. COCP
C. DnC
D. Remove the IUCD
ANS: D

12. **After birth breastfeeding should be started within**

A. 1 hour
B. 12 hours
C. 20 hours
D. 10 hours
ANS: A

13. **A 22 year old woman delivered a male baby six weeks ago. She is breastfeeding her baby. Which one of the following contraceptive methods is best for her**

A. Combined oral contraceptive pills
B. Barrier methods (condom.
C. Tubal ligation
D. Injectable progesterone
ANS: A

14. **A 29 years old woman at 38 weeks gestation has a fetal heart rate tracing with minimal variability and recurrent variable decelerations. The best intervention is**

A. Administer oxygen
B. Amnioinfusion
C. Immediate cesarean section
D. Maternal position change
ANS: B

15. **A 30-year-old woman at 34 weeks gestation has a fetus with severe hydrops and pleural effusions. The most likely cause is**

A. Rh isoimmunization
B. Parvovirus B19 infection
C. Trisomy 21
D. Fetal cardiac anomaly
ANS: B

16. **A 24-year-old primigravida at 28 weeks gestation has a blood pressure of 150/100 mmHg and 2+ proteinuria. The definitive treatment is**

A. Delivery of the fetus
B. Methyldopa
C. Magnesium sulfate
D. Labetalol
ANS: A

17. **What is the most suitable medication to manage hypertension in a 28-year-old pregnant woman at 24 weeks gestation with a blood pressure of 160/110 mmHg**

A. Captopril
B. Enalapril
C. Frusemide
D. Labetalol
ANS: B

18. A 22 years old first-time pregnant woman experiencing eclamptic fits. What is the most appropriate medication for her condition

A. Diazepam
B. Heminevrin (Chloral hydrate)
C. Magnesium Sulfate (MgSO4)
D. Pentothal (Thiopental)
ANS: C

19. A 28 years old pregnant woman who is three months into her pregnancy and has a known history of diabetes presents to the emergency room with a 12-hour history of headache, vomiting, and recurrent seizures. On examination, she appears dehydrated with a temperature of 100.2°F, and her blood pressure is 110/70 mm Hg. What initial investigation should be performed to guide her treatment

A. Ultrasound abdomen
B. Blood sugar
C. CT scan
D. EEG
ANS: B

20. What is the most likely cause of post-dural puncture headache in a 27-year-old female who received an epidural for pain relief during labor, had a wet tap, and had the procedure repeated successfully in the space above

A. Chemical arachnoiditis
B. Loss of CSF
C. Stretching of 6th cranial nerves
D. Intracranial hypotension
ANS: B

21. A 40-year-old woman at 16 weeks gestation has a serum β-hCG of 150,000 IU/mL and ultrasound showing a "snowstorm" appearance. The *most likely diagnosis is

A. Complete molar pregnancy
B. Twin gestation
C. Choriocarcinoma
D. Placenta accrete
ANS: A

22. A 26 years old primigravida at 38 weeks gestation presents with sudden-onset dyspnea and hypotension. The most likely diagnosis is

A. Pulmonary embolism
B. Amniotic fluid embolism
C. Myocardial infarction
D. Eclamptic seizure
ANS: B

23. A 32 years old woman at 28 weeks gestation has a symphysiofundal height lagging by 4 weeks. Ultrasound shows oligohydramnios (AFI 4 cm). The most likely cause is

A. Fetal growth restriction (FGR)
B. Placental abruption
C. Maternal hypertension
D. Fetal renal anomalies
ANS: D

24. Which of the following Help in Fetal lung Maturation

A. Dexamethasone
B. Bethametasone
C. Budesonide
D. Fluticasone
ANS: B

25. Which of the following conditions would absolutely contraindicate the use of oral contraceptive pills for contraception in a 38-year-old woman who has given birth three times

A. Active liver disease
B. Obesity
C. Hypertension
D. Smoking
ANS: A

26. A 29-year-old woman at 34 weeks gestation presents with pruritus and elevated serum bile acids (25 µmol/L). The first-line treatment is

A. Ursodeoxycholic acid
B. Cholestyramine
C. Antihistamines
D. Early induction of labor
ANS: A

## IMMUNOLOGY

**1. A graft kidney donated by an identical twin will not be rejected because:**
A. There is ABO group matching
B. There is Rh blood group matching
C. There is HLA matching
D. Recipient is immunosuppressed
E. Donor organ lacks antigenicity
ANS: C

**2. Which antibody is present in Myasthenia gravis?**
A. IgA
B. IgE
C. IgG
D. IgD
E. IgM
ANS: C

**3. Type IV (delayed. Hypersensitivity is seen:**
A. Serum sickness
B. Tuberculosis
C. Bronchial asthma
D. Acute glomerulonephritis
ANS: B

**4. An HIV positive patient has a higher risk of developing infection after a surgical procedure because of:**
A. Loss of CD+4 T cells
B. Loss of CD+8 T cells
C. Decrease in the number of B cells
D. None of above
ANS: A

**5. A middle male previously diagnosed for chronic renal failure and his health was detoriated but recently underwent renal transplant but he developed sign of rejection in recovery room which of the following mechanism is responsible**
A. Preformed T cell
B. Immune complex attack
C. Preformed antibodies
D. Compliment activation
ANS: C

**6. All of the following regarding IgA are true except?**
A. Most abundant to produce
B. Present in secretion
C. Involved in complement activation
D. All are true
ANS: A

**7. IgG enhances phagocytic activity of macrophages through opsonizaion which of the following Complement protein involved in opsonizaion.**
A. C3a
B. C3b
C. C5a
D. C4a
ANS: B

**8. A 52 yrs old female presented to the clinic with complain of bony pain, multiple pathological fracture and severe fatigue diagnosed for osteoporosis and take medical treatment but of no response which of the following should try for better outcome?**
A. Denosumab
B. Omalizumab
C. Adalimumab
D. Eculizumab
ANS: A

**9. Which of the following antibody is classically seen in Hashimoto thyroiditis?**
A. Anti TSH antibody
B. Anti TPO antibody
C. Anti parietal cell antibody
D ANA antibody
ANS: B

**10. Allograft mean:**
A. Graft between different species
B. Graft between same species
C. Graft between twin
D. Graft in same individual
ANS: B

**11. Mismatch blood transfusion is classical example of:**
A. HSR-1
B. HSR-2
C. HSR-3
D. HSR-4
ANS: B

**12. Which of the following cell mainly responsible for production of antibody**
A. T cell
B. B cell
C. Macrophages
D. Dendritic cell
ANS: B

**13. What is the molecular mechanism being B cell Expressing only one kind of receptor with antigenic specify**
A. RNA editing
B. Somatic hyper mutation
C. Allelic Exlusion
D. Alternate Polyadenylation
ANS: B

**14. The immunoglobulin which is present abundant in serum and Can cross placenta is**
A. IgG
B. IgM
C. IgA
D. IgD
ANS: A

**15. Which of the following hypersensitivity reaction is mediated by IgE**
A. Type I
B. Type II
C. Type III
D. Type IV
ANS: A

**16. Which of the following immunity provides, immediate, short term protection against pathogens**
A. Innate immunity
B. Adaptive immunity
C. Active immunity
D. Passive immunity
ANS: A

**17. Which cell is the primary target of the Human immunodeficiency virus ( HIV)**
A. Neutrophil
B. Macrophages
C. Cytotoxic T cell (CD8 cell.
D. Helper T cell ( CD4 cell.
ANS: D

**18. Breast milk contain abundant IgA antibody which provides which of the following immunity to baby**
A. Innate immunity
B. Adaptive immunity
C. Passive immunity
D. Active immunity
ANS: C

**19. Which of the following cell are responsible for producing antibodies upon re exposure to a pathogen**
A. Memory cell
B. Helper T cell
C. Plasma cell
D. Cytotoxic T cell
ANS: C

**20. Which cytokine is most associated with the inflammatory response**
A. Interleukin-1 ( IL-1)
B. Interleukin-10 ( IL-10)
C. Tumour necrosis Factor - alpha ( TNF)- alpha.
D. Interferon gamma ( IFN)- gamma.
ANS: C

**21. Which of the following help in Opsonization to make phagocytosis easy**
A. IgM and C3b
B. IgG and C2a
C. IgG and C3b
D. IgA and C5a
ANS: C

**22. Which cytokine is most important for granuloma formation in tuberculosis?**
A. IL-2
B. IL-4
C. IFN-γ
D. IL-10
ANS: C

23. A patient with recurrent Neisseria infections likely has a deficiency in which component of the immune system?
A. IgA
B. C3
C. C5-C9
D. Neutrophils
ANS: C

24. Which autoimmune disorder is associated with HLA-B27?
A. Systemic lupus erythematosus
B. Multiple sclerosis
C. Ankylosing spondylitis
D. Graves' disease
ANS: C

25. A 6 years old child presents with recurrent abscesses and recurrent fever caused by Staphylococcus aureus. Neutrophil function testing reveals a defect in oxidative burst( NADPH oxidase. What is the most likely diagnosis?
A. Chronic granulomatous disease
B. Leukocyte adhesion deficiency
C. Chediak-Higashi syndrome
D. Wiskott-Aldrich syndrome
ANS: A

26. A 40 years old woman with fatigue, dry mouth, and dry eyes has high anti-SSA (Ro. antibodies. What is the likely diagnosis?
A. Rheumatoid arthritis
B. Systemic lupus erythematosus
C. Sjögren syndrome
D. Systemic sclerosis
ANS: C

27. Which of the following markers is present on the surface of all nucleated cells and presents endogenous antigens?
A. CD4
B. CD8
C. MHC I
D. MHC II
ANS: C

28. A patient with HIV presents with CD4+ T cell count of 45/mm Which opportunistic infection most concerning at this level?
A. Pneumocystis jirovecii
B. Mycobacterium avium complex
C. Cytomegalovirus retinitis
D. Cryptosporidiosis
ANS: C

29. Which of the followin therapeutic antibody used in th management of Asthma
A. Denosumab
B. Omalizumab
C. Eculizumab
D. Natalizumab
ANS: B

30. All of the following regarding Ig are true except
A. Cross placenta
B. Most abundant antibody in serum
C. Involved in primary immune response
D. Help in complement fixation
ANS: C

31. A patient presents wit angioedema and recurren episodes of swelling withou urticaria. Laboratory finding show low C1 esterase inhibito levels. What is the diagnosis?
A. Hereditary angioedema
B. Anaphylaxis
C. C3 deficiency
D. X-linked agammaglobulinemia
ANS: A

32. Which of the following drugs us is contraindicated in hereditar angioedema
A. Beta blocker
B. ACEI
C. Calcium channel blockers
D. Diuretics
ANS: B

33. Which complement pathway is activated by IgG and IgM

A. Classical pathway
B. Alternative pathway
C. Lectin pathway
D. Membrane attack pathway

ANS: A

34. A newborn presents with candidiasis, chronic diarrhea, and failure to thrive. Flow cytometry reveals absent CD3+ T cells. What is the most likely diagnosis

A. SCID
B. Wiskott-Aldrich Syndrome
C. DiGeorge Syndrome
D. Hyper IgE Syndrome

ANS: A

35. A newborn develops hemolytic disease of the newborn (HDN) due to Rh incompatibility. Which immunoglobulin class is responsible for this condition?

A. IgA
B. IgE
C. IgG
D. IgM

ANS: C

36. Which immunoglobulin isotype is the most effective at fixing complement:

A. IgA
B. IgE
C. IgD
D. IgM

ANS: D

37. Which immunoglobulin is most abundant in secretions such and breast milk which provides passive immunity to baby

A. IgA
B. IgE
C. IgG
D. IgM

ANS: A

38. A 24 years old male presents with severe anaphylaxis after a bee sting. Which immune mediator is primarily responsible for his symptoms?

A. IL-1
B. Histamine
C. IFN-γ
D. IL-6

ANS: B

39. A 4-year-old child presents with recurrent bacterial infections, particularly with encapsulated organisms like Streptococcus pneumoniae. Flow cytometry shows low levels of CD19+ B cells. What is the most likely diagnosis

A. Severe Combined Immunodeficiency (SCID.
B. X-linked Agammaglobulinemia (Bruton's Disease.
C. Common Variable Immunodeficiency (CVID.
D. Hyper IgM Syndrome

ANS: B

40. All of the following hypersensitivity reactions are antibody mediated except

A. HSR type I
B. HSR type II
C. HSR type III
D. HSR type IV

ANS: D

41. Which of the following cytokines is most responsible for stimulating acute phase protein production in the liver

A. IL-2
B. IL-4
C. IL-6
D. IL-12

ANS: C

42. Which major histocompatibility complex (MHC. presents antigens to CD8+ T cells

A. MHC I
B. MHC II
C MHC III
D. Both MHC I and MHC II

ANS: A

**43. Which cytokine is most important for fever production:**

A. IL-1
B. IL-2
C. IL-4
D. IL-10

ANS: A

**44. Which immunoglobulin is most abundant Produced overall**

A. IgA
B. IgE
C. IgG
D. IgM

ANS: A

**45. A patient with systemic lupus erythematosus (SLE) develops glomerulonephritis due to immune complex deposition. What type of hypersensitivity reaction is involved**

A. Type I
B. Type II
C. Type III
D. Type IV

ANS: C

**46. Which of the following is responsible for Hyper acute rejection of Transplant**

A. T cell
B. Immune complex
C. Interleukin
D. Preformed antibody

ANS: D

**47. A 19 year old male presents with recurrent Neisseria meningitidis infections. Complement testing shows a deficiency in C5-C9. What immune function is impaired**

A. Opsonization
B. Phagocytosis
C. Membrane attack complex (MAC. formation
D. Antibody production

ANS: C

## OPHTHALMOLOGY

1. A middle age male presented to opthalmology department is complaint of unileteral sudden on set headache, lacrimation and pressure in eye on a effected side on examintaion the eye are red and symptom triggdred by darkness IOP was 45 most likely diagnose

A. Cataract
B. Macular Degeneration
C. Close angle glucoma
D. Open angle glaucoma
ANS: C

2. A 28 year old male present with rapid painless visionloss this morning. He is known case of hypertension and investigation shows swollen optic disk and erythematous retina most likely diagnosis.

A. Corneal Ulcer
B. Central retinal vein occlusion
C. Central retinal Artery occlusion
D. Retinal Atrophy
ANS: B

3. A patient present with servers eye pain to the GP 4 days following cataract removal. On examination with a torch, the eye is red and inflamed with cliniary injection and a layer of pus in the anterior chamber. The most likely diagnosis is

A. Normal postoperative inflammation
B. HLA B27 associated uveitis
C. Endophthalmitis
D. Herpetic keratitis
ANS: C

4. All of muscle are supplied by cranial nerve 3rd except

A. Lateral rectus
B. Medical rectus
C. Inferior obliquie
D. Superior rectus
ANS: A

5. A 58 years old patient with gradual, painless vision loss and glare at night has a cloudy lens on exam. What is the treatment?

A. Cataract surgery
B. Topical steroids
C. Laser trabeculoplasty
D. Intraocular pressure-lowering drops
ANS: A

6. A patient with Horner syndrome has ptosis, miosis, and anhydrosis. Which lesion location causes these findings

A. Sympathetic chain
B. Oculomotor nerve
C. Facial nerve
D. Optic chiasm
ANS: A

7. A patient with poor night vision and constricted visual fields has "bone-spicule" pigmentation on fundoscopy. What is the diagnosis

A. Retinitis pigmentosa
B. Glaucoma
C. Macular degeneration
D. Cataract
ANS: A

8. Dendritic corneal ulcers on fluorescein staining has a characteristic of which of the following

A. Herpes simplex keratitis
B. Bacterial keratitis
C. Fungal keratitis
D. Acanthamoeba keratitis
ANS: A

9. A 35 year old male patient has suddenly developed double vision. He has difficulty in going down the stairs. On examination he has right hypertropia with chin depression and had head tilt to left. What is the most likely diagnosis

A. Occulomotor Nerve palsy
B. Trochlear Nerve palsy
C. Below out fracture of floor & orbit
D. Restrictive myopathy
ANS: B

10. A 25 year old motorcyclist is bought to the accident and emergency department after being involved in a high speed road traffic accident 6 hours back. On examination, he is unconscious, and has a periorbital hematoma, along with the discharge of clear fluid mixed with blood from nostrils. What is the most likely diagnosis

A. Basal skull fracture
B. Diffuse axonal injury
C. Open Skull fracture
D. Sub arachnoid hematoma
ANS: A

11. A 24 year old male was attending a dentist clinic for dental infection. He suddenly developed fever, malaise, massive swelling of eyelids, proptosis (through not visible. with restricted and painful ocular movements. What is the most probable diagnosis

A. Acute dacryoadenitis
B. Idiopathic orbital inflammatory disease
C. Lymphangloma
D. Orbital cellulitis
ANS: D

12. All are seen in Occulomotor Nerve ( 3rd nerve. palsy except)

A. Ptosis
B. Diplopia
C. Miosis
D. Outwards eye deviation
ANS: C

13. A 65 year old diabetic man had developed blurred vision since a few weeks. The ophthalmologist diagnosed it as a case of Diabetic retinopathy. If untreated, which of the following irreversibly blinding complication is most likely to occur in this patient

A. Ischemic maculopathy
B. Macular edema
C. Retinal exudation
D. Vitreous Haemorrhage
ANS: A

14. A teenage contact lens use presented with very severe pai in her right eye. The pain is out of proportion with signs in the eye. The most likely diagnosis is

A. Conjunctivitis
B. Uveitis
C. Glaucoma
D. Keratitis
ANS: D

15. The Most Common type of Cataract is

A. Traumatic Cataract
B. Senile Cataract
C. Dot Cataract
D. Subcapsular cataract
ANS: B

16. A student who Can Read Board near when he sit in First Row But Can't Read it from Back Row He is Most likely suffering From

A. Myopia
B. Hyperopia
C. Astigmatism
D. Cataract
ANS: A

17. A young man observed floaters in the left eye. The next morning, while looking in the mirror he noticed a change in the color of the Iris. The most likely cause is

A. Conjunctivitis
B. Uveitis
C. Glaucoma
D. Keratitis
ANS: B

18. Which of the following Vitamin Deficiency leads to Night Blindnes

A. Vitamin K
B. Vitamin A
C. Vitamin D
D. Vitamin E
ANS: B

19. **Bitot spot on conjunctivita is seen in which of the following Deficiency**

A. Vitamin K
B. Vitamin A
C. Vitamin C
D. Vitamin D
ANS: B

20. **A young patient presents with advanced keratconus. Now patient have problem during reading. Which of the following refractive error is expected at this stage?**

A. Myopia
B. Hypermetropia
C. Presbyopia
D. Astigmatism
ANS: A

21. **A Pateint present with inward deviation of the eye and Diplopia most likely Nerve Damage is**

A. Occulomotor Nerve
B. Trochlear Nerve
C. Abducens Nerve
D. Facial Nerve
ANS: C

22. **Congenital cataract is caused by which organism?**

A. Rubella
B. Herpes simplex virus
C. Cytomegalovirus
D. Toxoplasmosis
ANS: A

23. **The structure which divides the anterior segment of the eye into anterior and posterior chambers, is knows as**

A. Iris
B. Ciliary body
C. Lens
D. Retina
ANS: A

24. **A 68 years old patient present with severe eye pain to the GP 4 days following cataract removal. On examination with a torch, the eye is red and inflamed with cliniary injection and a layer of pus in the anterior chamber. The most likely diagnosis is**

A. Normal postoperative inflammation
B. HLA B27 associated uveitis
C. Endophthalmitis
D. Herpetic keratitis
ANS: C

25. **A 12-year-old student struggles to see the board clearly from his desk but has no problem seeing up close. What is the most likely diagnosis?**

A. Myopia
B. Hyperopia
C. Astigmatism
D. Presbyopia
ANS: A

26. **Chalazion is:**

A. Suppurative inflammation of lash follicles
B. Chronic granulomatous inflammation of Meibomian gland
C. Suppurative inflammation of gland of zeiss & moll
D. Tumor of mebomian gland
ANS: B

27. **Which of the following is a differential diagnosis of painless gradul progressive diminution of vision?**

A. Central retinal artery occlusion
B. Cataract
C. Angle closure glaucoma
D. Conjunctivitis
ANS: B

28. **A patient with ha suspected third nerve palsy presents with the affected eye in an abnormal position. Which direction does the affected eye typically rest due to unopposed action of the remaining intact muscles?**

A. Downward and medially
B. Upward and laterally
C. Downward and laterally
D. Upward and medially
ANS: C

**29. Which of the following is the most common location for a pterygium?**

A. Superior conjunctiva
B. Inferior conjunctiva
C. Nasal conjunctiva
D. Nasal Conjunctive
ANS: C

**30. Which of the following condition is characterized by loss of vision in the same field of both eyes?**

A. Bitemporal hemianopia
B. Homonymous hemianopia
C. Lateral Quadrantanopia
D. Quadrantanopia
ANS: B

**31. The normal Pupillary Response to Bright Light is**

A. Remain unchanged
B. Constriction
C. Dilation
D. Vertical Movement
ANS: B

**32. A 7 year old child comes with itching and discharge during every summer months. His eyes are red and a ropy discharge was seen and some spots on limbus were present too. What is correct about his eye condition. Most likely diagnosis is?**

A. Anterior Uveitis
B. Vernal Keratoconjuctivitis
C. Ectropion
D. Entropion
ANS: B

# ENT

1. **All of the following conditions lead to sensori neural hearing loss except:**
A. Acoustic neuroma
B. Otoseceleroisis
C. Noise induced hearing loss
D. Menier's disease
ANS: B

2. **Antro-choanal polyp whose fundus is going towards nasopharynx usually arise from:**
A. Ethmoidal sinus
B. Sphenoidal sinus
C. Spheno-ethmoidal recess
D. Maxillary sinus
ANS: D

3. **A 45 year old man is presented to the clinic with complain of progressive unilateral senseneural hearing loss accompanied by tinnitus, difficulty in understanding the speech with delayed and defective response. MRI was done which show large size tumour at cerebellopontine angle diagnosed for large size acoustic neuroma. The size of tumour in this patient will be more that:**
A. 1.5cm
B. 2 cm
C. 3 cm
D. 4 Cm
ANS: D

4. **An 8 year old child is presented by there parents to the OPD with complain of mild earache, delayed and defective speech. On examination tympanic membrane was retracted and air bubble with fluid was seen most likely diagnosed:**
A. Otitis media
B. Acute suppurative otitis media
C. Otosceierosis
D. Otitis media with effusion
ANS: D

5. **Gold standard investigation for acoustic neuroma is;**
A Simple CT scan
B. MRI with gadolinium
C. Simple MRI
D. Plane X Ray
ANS: B

6. **A young male complain of profuse mucoid ear discharge, which is odouless and containing no pus. On otoscopic examination tympanic membrane was centrally perforated most likely the patient have:**
A. Acute suppurative otitis media
B. Otitis media with effusion
C. CSOM tubotympanic type
D CSOM atticoantral type
ANS: C

7. **A patient present with hearing loss, marked ear ache with disturbed sleeping. On examination tympanic membrane was congested and look like cart wheel most likely the patient have;**
A. Stage of tubal occlusion
B. Stage of pre suppurative
C. Stage of suppuration
D. Stage of resolution
ANS: B

8. **Acoustic neuroma is tumour of:**
A. CN V
B. CN VI
C. CN VII
D VN VIII
ANS: D

9. **The most common cause of conductive hearing loss is;**
A. Impacted wax
B. Foreign body
C. Ostosclerosis
D. Otitis externa
ANS: A

**10. A patient with complain of dysphagia difficulty in breathing, high grade fever and the patient looking very toxemic. On examination membrane over the tonsil was seen which spread beyond the tonsillar boundary and reach into soft palate most likely diagnosis;**

A. Acute catarrhal tonsillitis
B. Acute follicular tonsillitis
C. Faucial diphtheria
D. Parenchymatous tonsillitis
ANS: C

**11. The most common absolute indication for tonsillectomy is;**

A. Parenchymatous tonsillitis
B. Recurrent throat infection
C. Suspicious of malignancy
D. Faucial diphtheria
ANS: B

**12. The type of DNS that can lead to bilateral nasal obstruction is;**

A. Spur type
B. C Shaped
C. Hypertrophic type
D. S Shape
ANS: C

**13. The most common site for posterior epistaxis is;**

A. Little's area
B. Phryngeal area
C. Woodruff area
D. Vestibular area
ANS: C

**14. All of the following regarding Bell's palsy are true except:**

A. Asymmetry of face
B. Unable to open the eye
C. Persistence discharge of tears from eye
D. Impaired hearing loss
ANS: B

**15. The most commonly infected tonsil clinically is:**

A. Palatine tonsil
B. Tubal tonsil
C. Pharyngeal tonsil
D. Sublingual tonsil
ANS: A

**16. A 45-year-old diabetic patient present with intense itching, discomfort and pain in ear and watery discharge with musty odour. On examination the white fungal mass was noted the patient have;**

A. Aspergillus niger
B. Candida albicans
C. Aspergillus fumigatus
D. Mucor
ANS: B

**17. Peritonsilar abscess is also known as:**

A Retropharyngeal abscess
B. Tonsillar abscess
C. Quinsy
D. Thornwaldt's abscess
ANS: C

**18. All muscles of Tongue are supplied by hypoglossal nerve except:**

A Myoglossus
B. Palatoglossus
C. Genioglossus
D. Hyoglossus
ANS: B

**19. Hyperacusis in Bell's palsy is due to the paralysis of the following muscle:**

A Tensor tympani
B. Levatorveli palatine
C. Tensor veli palatine
D. Stapedius
ANS: D

**20. Hypoaesthesia of posterior meatal wall is seen in:**

A Vestibular schwannoma
B. Glomus tympanicum
C. Carcinoma middle ear
D. Lateral sinus thrombosis
ANS: A

**21. Which of the following is not a typical feature of Meniere's disease:**

A Sensorineural deafness
B. Pulsatile tinnitus
C. Vertigo
D. Fluctuating deafness
ANS: C

22. **Earliest symptom of acustic nerve tumor is:**
A. Tinnitus
B. Hearing loss
C. Otorrhoea
D. Vertigo
ANS: A

23. **A 5 year old patient is scheduled for tonsillectomy. On the day of surgery he had running nose, temperature 37.5 oC and dry cough.Which of the following should be the most appropriate decision for surgery?**
A. Surgery should be cancelled
B. Can proceed for surgery if chest is clear and there is not history of asthma
C. Should get Xray chest before proceeding surgery
D Cancel surgery for 3 weeks and patient to be put on antibiotics
ANS: D

24. **Sinus not present at birth is;**
A Maxillary sinus
B. Frontal sinus
C. Ethmoid sinus
D. Sphenoid sinus
ANS: B

25. **Artery of epistaxis is the name given to:**
A. Sphenopalatine artery
B. Superior labial artery
C. Anterior ethmoidal artery
D. Rebound phenomenon
E. Mulberyturbinates
ANS: A

26. **Which of these incisions is used in grommet insertion**
A. Circumferential incision in Posteroinferior quadrant
B. Radial incision in posteroinferior quadrant
C. Radial incision in anteroinferior quadrant
D. Radial incision in posterosuperior quadrant
ANS: B

27. **3 year old child presents with earache and fever, on examination there is congested tympanic membrane with bulge, treatment of choice is:**
A. Myingotomy with penicillin
B. Myringotomy only
C. Only antibiotic
D. Wait and watch
ANS: A

28. **Paracusiswilli is seen in otosclerosis. It means**
A. Recruitment phenomenon
B. patient hears better in quiet surrounding
C. patient hears better in noisy surrounding
D patient speaks softly in noisy surrounding
ANS: C

29. **Which of these is more likely to cause sudden spontaneous onset profuse epistaxis:**
A. Finger nail trauma
B. Atrophic rhinitis
C. Maggots in nasal cavity
D. Juvenila nasopharyngeal carcinoma
ANS: A

30. **What is "Trotter's method of management of epistaxis"**
A Pinching of nose for 5 – 10 minutes
B. Patient made to sit, leaning a little forward over a basin to spit any blood, and breathe quietly from mouth
C. Cauterisation of bleeding vessel with silver nitrate
D. Anterior nasal packing
ANS: A

31. **Which of these arteries should be ligated in uncontrolled posterior epistaxis**
A. External carotid artery
B. Maxillary artery
C. Anterior ethmoid artery
D. Internal carotid artery
ANS: A

32. A 44-year-old man presents with muffled hearing and constant high frequency tinnitus. He also complains of the feeling of pressure in the right ear and vertigo. He has double vision when looking to the right. What is the single most likely diagnosis?

A. Meniere's disease
B. Acoustin neuroma
C. Acute labyrinthitis
D Meningioma
ANS: A

33. A 29 year old diabetic woman presents to her GP surgery with a history of gradual worsening pain in the left ear for the past 5 days. She denies hearing loss. On examination, there is a small, red, tender mass at the outer third of the external canal. Insertion of the otoscope causes severe localized pain. There is no discharge see. What is the single most likely diagnosis?

A Chondromalacia
B. Furuncle
C. Myrignitis
D. CHolesteatoma
ANS: B

34. A 9 year old girl has been referred for assessment of hearing as she is finding difficulty hearing her teacher in the class. Her hearing tests shows that bone conduction is normal and symmetrical, air conduction threshold is reduced bilaterally. Weber does not lateralize. What is the single most likely diagnosis?

A. Perforatoin of tympanic membrane
B. Otitis media with effusion
C. Congenital sensorineural defect
D. Otosclerosis
ANS: B

35. A 5 yr old child complains of sore throat and earache. He has a temperature of 38.6 C. examination shows an enlarged hyperemic tonsils with pus. He has no cough. He is not on any medication. What is the single most likely diagnosis?

A. Infectious mononucleosis
B. Acute tonsillitis
C Scarlet fever
D Acute epiglottitis
ANS: B

36. A 34 year old man presents with right sided facial pain felt as upper jaw pain located at the skin of the right cheek. He gives a history of having a cold 3 days ago. He feels tenderness at the anterior wall below the inferior orbital margin. What is the single most likely diagnosis?

A Ethmoid sinus
B. Maxillary sinus
C. Septal haematoma
D. Adenoiditis.
ANS: B

37. A 29 year old man with a medica history that includes late onse asthma attends clinic with rhinorrhea and bilateral painless nasal obstruction. He complain of reduced sense of smell. What i the single most likely diagnosis?

A. Septal abscess
B. Septal haematoma
C. Nasal polyp
D. Atrophic rhinitis
ANS: C

38. A 45 year old man has noticed difficultly hearing over the telephone. His hearing has been progressively getting worse over the last few years. He is concerned because his father has had similar problems around his age. Rinne's and Weber's test demonstrate conductive hearing loss. An audiogram shows moderate hearing loss in both ears across all frequencies. What is the single most likely diagnosis?

A. Acoustic neuroma
B. Meniere;s disease
C. Glue ear
D. Otosclerosis
ANS: D

**39. The main blood supply to tonsil is:**
A. Anti ethmoidal artery
B. Post ethmoidal artery
C. Facial artery
D. Lesser palatine
ANS: C

**40. Which of the following structure open into inferior meatus**
A. Frontal sinus
B. Ethmoidal sinus
C. Middle ethmoidal sinus
D. Nasolacrimal duct
ANS: D

**41. The most commonly affected and target sinus is:**
A. Frontal sinus
B. Maxillary sinus
C. Ethmoidal sinus
D. Sphenoidal sinus
ANS: B

**42. All of the following waldeyer's ring are true except;**
A. Contain 2 palatine tonsils
B. Contain 2 tubal tonsils
C. Contain I lingual tonsils
D. Present around the typmpanic membrane
ANS: D

**43. Streptomycin can lead to:**
A. Conductive hearing loss
B. Sensorineural hearing loss
C. Mixed type hearing loss
D. None of the above
ANS: B

**44. All of the following causes sensorineural hearing loss except:**
A. Streptomycin
B. Loop diuretic
C. Otoscelerosis
D. Acoustic neuroma
ANS: C

**45. Cottle test is seen in:**
A. Septal hematoma
B. DNS
C. Nasopharyngeal carcinoma
D. Foreign body
ANS: B

**46. Office headache is seen in:**
A. Maxillary sinusitis
B. Frontal sinusitis
C. Ehtmoidal sinusitis
D. Sochneoidal sinusitis
ANS: B

**47. Sphenoid sinus drain into**
A. Middle meatus
B. Sphenoethmoidal recess
C. Inferior meatus
D. Superior meatus
ANS: B

**48. A young male present with headache, nasal obstruction and heaviness of the headaches, on examination swelling over the maxillary area was seen and tenderness most likely diagnosis is:**
A. Ethmoidal sinusitis
B. Maxillary sinusitis
C. Frontal sinusitis
D. Sphenoidal sinusitis
ANS: B

**49. A 2 year old child is taken by the parents to the OPD with complain of difficulty in swallowing with cough. On examination the baby was restless and neck stiffness was seen most likely diagnosis is:**
A. Retropharyngeal abscess
B. Follicular tonsillitis
C. Peritonsillar abscess
D. Gingivitis
ANS: B

**50. All of the following regarding acoustic neuroma are true except:**
A. CN VIII Tumour
B. Also known schawanoma
C. Lead to conductive deafness
D. Lead to tinnitus
ANS: C

**51. In the emergency department, a 6-year-old boy presents with laryngeal obstruction requiring a transverse incision. Where is the optimal site for this incision**

A. Between the 1st and 2nd tracheal rings

B. Between the 2nd and 3rd tracheal rings

C. Between the 3rd and 4th tracheal rings

D. Between the 4th and 5th tracheal ring

**ANS: B**

**52. What is the potential timeframe for experiencing reactionary bleeding following a tonsillectomy in an 11-year-old girl**

A. After the initial week of the procedure

B. While the tonsillectomy is being performed

C. Within the first 24 hours post-surgery

D. On the 5th day following the operation

**ANS: C**

**53. Which of the following is the most probable diagnosis for a 40-year-old male with a history of insulin-dependent diabetes who presents with severe pain in the right ear lasting for two weeks? Upon examination, the external auditory canal shows blood-stained, foul-smelling discharge with granulation**

A. Carcinoma of the ear

B. Acute otitis media

C. Otitis externa

D. Otomycosis infection

**ANS: C**

**54. Which of the following is the most probable diagnosis for a 6-year-old with fever, sore throat, and redness and swelling behind the left ear**

A. Enlarged lymph nodes

B. Mastoiditis

C. Sebaceous cyst

D. Follicular abscess

**ANS: B**

**55. A 42 years old patient presents with a history of recurrent, foul-smelling nasal discharge and facial pain over the past few months. On examination, you notice a yellow-green, purulent discharge from the right nasal cavity.What is the most likely diagnosis**

A. Allergic Rhinitis

B. Nasal Polyps

C. Acute Sinusitis

D. Nasal Vestibulitis

**ANS: C**

# COMMUNITY MEDICINE

1. **The Demographic transition stage characterized by high birth and death rates is:**

A. Stage 1
B. Stage 2
C. Stage 3
D. Stage 4
ANS: A

2. **Which vaccine is most sensitive to heat exposure in the cold chain**

A. BCG
B. Oral Polio Vaccine (OPV.
C. Hepatitis B
D. Measles
ANS: B

3. **BMI is calculated with the help of**

A. Age and weight
B. Height and age
C. Height and weight
D. mid upper area circumference and height
ANS: C

4. **Shortly after a barbeque, medical student of a Medical College came back to their rooms and most of them (62 out of 74) students. experienced acute vomiting and diarrhea. This epidemic may be classified as.**

A. Point source
B. Propagative
C. Common source
D. Serial direct
ANS: A

5. **A high school has experienced a series of inciddents of sexual harassment in the hallways. One of the health education teachers assigns students to create posters in class encourage positive peer pressure to prevent this behavior. The approach of Health education used is:**

A. Group approach
B. Individual approach
C. Mass approach
D. Personal approach
ANS: A

6. **Low birth weight baby is one who has weight at birth less than**

A. 1.5kg
B. 2 kg
C. 2.5kg
D. 3 kg
ANS: C

7. **Denominator in crude death rate is:**

A. Population at risk
B. Mid year population
C. Total no of births
D. Total no of deaths
ANS: B

8. **Most sensitive indicator of health status of whole population is:**

A. Crude death rate
B. Infant mortality rate
C. Maternal mortality rate
D. Child mortality rate
ANS: B

9. **The demographic cycle has five stages, the late expanding stage of the cycle indicates.**

A. High birth rate and high death rate
B. Decreasing birth rate and decreasing death rate
C. Decreasing death rate and stationary birth rate
D. Low birth rate and low death rate
ANS: B

10. **In the data 15,2,9,10,18,14 and 72 the median is:**

A. 10
B. 14
C. 72
D. 15
ANS: A

11. **Hospital waste is ben disposed off by**

A. Composting
B. Dumping
C. Incineration
D. Burial
ANS: C

**12. Equity in health services means**

A. Provision of health service on equal basis for everyone
B. Provision of health service according to the demands
C. Provision of health service according to the Needs
D. Provision of heath service according to the resources
ANS: C

**13. A screening test with high sensitivity but low specificity is most useful for**

A. Diagnosing rare diseases
B. Confirming a disease in symptomatic patients
C. Screening populations to rule out disease
D. Reducing false positives
ANS: C

**14. A 35-year-old male presents with fever, cough, and weight loss for the past 2 months. Sputum examination reveals acid-fast bacilli. What is the most appropriate public health intervention to prevent transmission to close contacts**

A. Isolation of the patient in a hospital
B. Administering BCG vaccine to close contacts
C. Providing prophylactic isoniazid to close contacts
D. Conducting a community-wide screening program
ANS: C

**15. In a community with a high prevalence of malnutrition, which intervention is most likely to have the greatest impact on reducing child mortality**

A. Vitamin A supplementation
B. Iron and folic acid supplementation
C. Promotion of exclusive breastfeeding
D. Deworming programs
ANS: C

**16. Breast milk contain Which of The following Antibody**

A. IgA
B. IgG
C. IgD
D. IgM
ANS: A

**17. A 10-year-old child presents with a fever and rash. The rash starts on the face and spreads to the rest of the body. The child has not been vaccinated. What is the most likely diagnosis**

A. Measles
B. Rubella
C. Chickenpox
D. Scarlet fever
ANS: A

**18. A community health survey of reveals a high prevalence goiter. What is the most appropriate public health intervention to address this issue**

A. Iodization of salt
B. Iron supplementation
C. Vitamin A supplementation
D. Fluoridation of water
ANS: A

**19. Dental Carries is Due to Lack of**

A. Fluorine
B. Calcium
C. Chlorine
D. Magnesium
ANS: A

**20. A community health surve reveals a high prevalence o goiter. What is the mo appropriate public healt intervention to address this issue**

A. Iodization of salt
B. Iron supplementation
C. Vitamin A supplementation
D. Fluoridation of water
ANS: A

**21. The most appropriate measure to control an outbreak of cholera is**

A. Mass vaccination
B. Improving sanitation and clean water supply
C. Quarantine of infected patients
D. Vector control measures
ANS: B

**22. The ideal epidemiological study design to determine the cause of a rare disease is:**

A. Cross-sectional study
B. Case-control study
C. Cohort study
D. Randomized controlled trial
ANS: B

**23. Which of the following waterborne diseases is caused by a protozoan parasite**

A. Cholera
B. Hepatitis A
C. Giardiasis
D. Leptospirosis
ANS: C

**24. Which of the following is the best source of data for studying the long-term health trends in a community**

A. Hospital records
B. Census reports
C. National health surveys
D. Case reports
ANS: B

**25. The main mode of transmission of Hepatitis A is:**

A. Blood transfusion
B. Fecal-oral route
C. Respiratory droplets
D. Sexual contact
ANS: B

**26. The recommended daily intake of iodine to prevent goiter is**

A. 50 mcg/day
B. 100 mcg/day
C. 150 mcg/day
D. 250 mcg/day
ANS: C

**27. The best measure to assess the burden of a chronic disease in a population is:**

A. Incidence
B. Prevalence
C. Case fatality rate
D. Attack rate
ANS: B

**28. The most common cause of maternal mortality worldwide is**

A. Postpartum hemorrhage
B. Preeclampsia
C. Sepsis
D. Obstructed labor
ANS: A

**29. The cold chain system is essential for:**

A. Storage of antibiotics
B. Maintaining vaccine potency
C. Preventing hospital-acquired infections
D. Transporting blood products
ANS: B

**30. The most sensitive indicator of the health status of a community is:**

A. Crude birth rate
B. Infant mortality rate
C. Maternal mortality ratio
D. Life expectancy
ANS: B

# FORENSIC MEDICINE

1. A 45 year old woman is found dead in her apartment this morning. On autopsy, there are multiple ligature marks around the neck, petechial hemorrhages in the conjunctivae, and fractures of the thyroid cartilage. Which of the following is the most likely cause of death

A. Strangulation
B. Hanging
C. Drowning
D. Poisoning
ANS: A

2. A 32 years old man is brought to the hospital with severe burns after a house fire. On examination, 40% of his body surface area is affected, with soot present in his nostrils and singeing of his eyebrows. Which of the following is the most likely cause of death if he dies shortly after admission

A. Carbon monoxide poisoning
B. Hypovolemic shock
C. Septicemia
D. Renal failure
ANS: A

3. A women abort a child whos organ is not develop yet will b considered as

A. ISQAT-i- Hamal
B. ISQAT-i- Janine
C. Shajjah
D. Shajjah-i- khaffifa
ANS: A

4. A 50-year-old man is found dead in his car with a suicide note. On autopsy, there is a single gunshot wound to the right temple, with stippling around the entry wound. The bullet is recovered from the left occipital lobe. Which of the following is the most likely manner of death

A. Suicide
B. Homicide
C. Accident
D. Natural causes
ANS: A

5. A 35-year-old woman is broug to the emergency departme after a road traffic accident. O examination, she has a de laceration on her forehead, fractured femur, and a distende abdomen. Which of the followin is the most likely cause of death she dies within an hour admission

A. Hemorrhagic shock
B. Traumatic brain injury
C. Pulmonary embolism
D. Septic shock
ANS: A

6. A 55-year-old man is found dea in his bathtub. On autopsy, ther is froth in the airways, water i the stomach, and pulmonar edema. Which of the following i the most likely cause of death

A. Drowning
B. Myocardial infarction
C. Poisoning
D. Electrocution
ANS: A

7. The most common type of finge print is

A. Loop
B. Whorl
C. Arch
D. Composite
ANS: A

8. A 34 years old woman is brough to the hospital after a snakebit On examination, there is loc swelling, pain, and necrosis at th bite site, along with ptosis an difficulty breathing. Which of th following is the most likely type o snake responsible

A. Viper
B. Cobra
C. Krait
D. Sea snake
ANS: B

**9. The organ in male which resistance to putrefaction is**

A. Liver
B. Prostate
C. Spleen
D. Pancreas
ANS: B

**10. Under the Pakistan Penal Code, the minimum age of criminal responsibility is:**

A. 18 Years
B. 16 Years
C. 13 Years
D. 7 Years
ANS: D

**11. The snake which damage blood vessel ( Vasculotoxic. which lead to DIC and Cause death with in hr to days is**

A. Elapoid
B. Viper
C. Sea snake
D. Cobra
ANS: B

**12. A forensic expert is examining skeletal remains. Which bone is best for determining sex?***

A. Skull
B. Femur
C. Pelvis
D. Clavicle
ANS:- C

**13. A defense wound is typically found on which part of the body**

A. Chest
B. Back
C. Palms and forearms
D. Abdomen
ANS: C

**14. You are working as a consultant surgeon. You are going to do Cholecystectomy operation of patient. Which type of consent will b preferred to take**

A. Oral consent
B. Implied consent
C. Written informed consent
D. In the presence of third party
ANS: C

**15. Counselling is a technique which aims at:**

A. Making people less emotional
B. Achieving a greater depth of understanding and clarification of the problem
C. Comparing the patient's experiences with one's own
D. Giving sincere advice and solutions to the patient's problems
ANS: B

**16. The organ in female which petrify last is**

A. Breast
B. Uterus
C. Stomach
D. Liver
ANS: B

**17. In a suspected case of death hdue to poisoning where cadaveric rigidity is lasting longer than usual, it may be a case of poisoning due to:**

A. Lead
B. Arsenic
C. Mercury
D. Copper
ANS: B

**18. The most reliable methods of identification of an individual is**

A Dactylography
B. Handwriting
C. Scar
D. Anthropometry
ANS: A

**19. The site to visualize first sign of putrefaction on dead body is**

A. Abdomen
B. Genital
C. Right iliac fossa
D. Right upper Quadrant
ANS: C

**20. Davidson bodies are observed under microscope in**

A. RBC
B. Eisinophil
C. Neutroohil
D. Macrophage
ANS: C

21. The purpose of criminal law is to:
A. Safeguard the interests of community/ society
B. Punish the criminals in society
C. Safeguard the interests of civilians
D. Safeguard the interests of different religion
ANS: A

22. A young man was brought for medicolegal examination in the casualty department of a hospital. On clinical examination the person was stable. There was only one injury on his forehead. It was a bruise measuring 2cm x 2cm. The medicolegal examiner in accordance with Oisas and Diyat Law declared this injury as
A. Shajjah Ammah
B. Shajjah Khafifah
C. Shajjah Hashima
D. Shajjah Damighah
ANS: B

23. A patient dying on operation table due to wreckless attitude of an addict anaesthetist is an example of:
A. Civil negligence
B. Criminal medical negligence
C. Contributory negligence
D. Third party negligence
ANS: B

24. In forensic practice, which of the following is an indicator of a virgin hymen
A. Circular hymen with multiple tears
B. Annular hymen with smooth margins
C. Fimbriated hymen with old tears
D. Cribriform hymen
ANS: A

25. Which of the following changes occurs earliest in a decomposing body
A. Marbling of the veins
B. Greenish discoloration of the abdomen
C. Purge fluid from the mouth and nose
D. Adipocere formation
ANS: A

26. A medicolegal autopsy reveals McEwan's sign. In which condition is this seen
A. Drowning
B. Alcohol intoxication
C. Skull fracture
D. Hanging
ANS: A

27. Which type of skull fracture is most commonly seen in road traffic accidents
A. Linear fracture
B. Depressed fracture
C. Pond fracture
D. Diastatic fracture
ANS: A

28. Which of the following findings is most characteristic of drowning
A. Petechial hemorrhages in the conjunctiva
B. White froth in the airways
C. Tardieu's spots in lungs
D. Extensive cerebral edema
ANS: A

29. A child is brought to the ER with multiple bruises in various healing stages and a spiral fracture of the humerus. What is the most likely cause
A. Accidental trauma
B. Osteogenesis imperfecta
C. Non-accidental injury (child abuse.
D. Rickets
ANS: C

30. Which feature is most characteristic of judicial hanging
A. Complete hanging
B. Fracture of C2 vertebra
C. Ligature mark above thyroid cartilage
D. Facial congestion
ANS: B

31. Which postmortem change is first observed in a body kept at room temperature
A. Rigor mortis
B. Putrefaction
C. Livor mortis
D. Mummification
ANS: C

**32.** **A patient presents with bluish gums, abdominal pain, and wrist drop. What is the likely poisoning**

A. Arsenic
B. Mercury
C. Lead
D. Organophosphates
ANS: C

**33.** **A driver involved in a fatal accident is suspected of being intoxicated. What is the best specimen for alcohol testing**

A. Blood
B. Urine
C. Saliva
D. Hair
ANS: A

**34.** **A patient with an alleged assault presents with a patterned bruise on the back. What is the likely cause**

A. Contusion
B. Laceration
C. Incised wound
D. Stab wound
ANS: A

**35.** **A person is found with a ligature mark around the neck, horizontal and above the thyroid cartilage. Which type of hanging is most likely**

A. Judicial hanging
B. Partial hanging
C. Strangulation
D. Complete hanging
ANS: C

**36.** **A young woman presents with vaginal bleeding and claims she was sexually assaulted 24 hours ago. What is the best forensic evidence to collect**

A. Blood sample
B. Hair sample
C. Vaginal swab
D. Urine sample
ANS: C

**37.** **A body is found with marbling and greenish discoloration of the abdomen. What is the approximate postmortem interval**

A. 1-2 hours
B. 6-12 hours
C. 24-48 hours
D. 3-5 days
ANS: C

**38.** **A person is found dead with a firearm wound. The presence of tattooing (stippling) around the entry wound suggests the gun was fired from:**

A. Contact range
B. Close range (6-24 inches)
C. Intermediate range (2-3 feet)
D. Distant range (>3 feet)
ANS: B

**39.** **What is the primary cause of death in hanging**

A. Cervical spine fracture
B. Carotid artery compression
C. Airway obstruction
D. Asphyxia due to pulmonary edema
ANS: B

**40.** **In a case of death due to hanging, which of the following is a reliable postmortem finding**

A. Fracture of the hyoid bone
B. Extensive facial congestion
C. Constricted pupils
D. Pulmonary hemorrhage
ANS: A

**41.** **Two bullets in one wound due to mechanical defect in firearm, first bullet can't come out and when second is fire both entered the Target is referred as**

A. Tendom Bullet
B. Incendicery bullets
C. Rochette bullet
D. Dum- Dum bullet
ANS: A

# IM Endo

1. A 64 years old man with diabetes presents with numbness and burning pain in his feet. What is the most likely diagnosis

A. Diabetic neuropathy
B. Peripheral artery disease
C. B12 deficiency
D. Guillain-Barré syndrome
ANS: A

2. A 56 years old woman presents with osteoporosis, kidney stones, and hypercalcemia. PTH levels are high. What is the definitive treatment ?

A. Parathyroidectomy
B. Bisphosphonates
C. Vitamin D supplements
D. Calcitonin
ANS: A

3. A patient with obesity, hypertension, and acanthosis nigricans. Diagnosis

A. PCOS
B. Cushing's syndrome
C. Metabolic syndrome
D. Acromegaly
ANS: C

4. The hormone which has contraceptive role is:

A. Luteinizing hormone
B. Prolactin
C. Testosterone
D. Estrogen
ANS: B

5. A 26-year old female is using injectable Medroxyprogesterone acetate as a method of contraception. Which of the following adverse effects is a concern if she wishes to use this therapy long-term?

A. Hyperkalemia
B. Male Pattern baldness
C. Osteoporosis
D. Weight loss
ANS: C

6. The development of thyroid glan is marked by a depression calle foramen cecum in the floor of th primitive pharynx. The forame caecum gives rise to diverticulum which late elongates and descends anterio to the hyoid bone and thyro cartilage to assume the adu position. What is th diverticulum called?

A. Hypoglossal duct
B. Laryngeal diverticulum
C. Respiratory diverticulum
D. Thyroglossal diverticulum
ANS: D

7. The isthmus of the thyroid gland

A. Lies directly anterior to the thyroi cartilage
B. Lies directly anterior to the cricoi cartilage
C. Lies directly anterior to the $2^{nd}$, $3^{r}$ and $4^{th}$ tracheal rings
D. Is the same as the pyramidal lobe
ANS: C

8. Which of the following euglycemic drug:

A. Chlorpropramide
B. Metformin
C. Glyburide
D. Insulin
ANS: B

9. A man with low libido, erec dysfunction, and small tes Labs: low testosterone, h FSH/LH. Diagnosis

A. Primary hypogonadism
B. Secondary hypogonadism
C. Hyperprolactinemia
D. Androgen insensitivity
ANS: A

**10.** **A child with short stature, delayed bone age, poor appetite and poor weight gain on examination poor muscle mass and investigation show low IGF- 1. Most likely Diagnosis is**

A. GH deficiency
B. Hypothyroidism
C. Turner syndrome
D. Constitutional delay
ANS: A

**11.** **All of the Following Pairs are true Except**

A. Zona Glomerulosa Aldosterone
B. Zona Fasiculata Cortisol
C. Oxytocin Anterior pituitary gland
D. Zona Reticularis Androgen
ANS: C

**12.** **A newborn with ambiguous genitalia and salt-wasting crisis. Diagnosis**

A. Congenital adrenal hyperplasia (21-hydroxylase deficiency.
B. Turner syndrome
C. Androgen insensitivity syndrome
D. Poly cystic ovarian disease
ANS: A

**13.** **Which of the following is the most likely diagnosis for a 20-year-old female presenting with weight gain, irregular menstrual cycles, hirsutism, a blood pressure reading of 160/100 mm Hg, a height of 5 feet, a weight of 60 kg, and a blood sugar level of 200 mg/dl?**

A. Cushing's syndrome
B. Diabetes Mellitus
C. Hypothyroidism
D. Obesity
ANS: B

**14:** **Which of the following is the most probable diagnosis for a 45-year-old male who experiences persistent headaches, visual disturbances, numbness in his lower extremities, and an increase in the size of his footwear?**

A. Acromegaly
B. Cushing's syndrome
C. Gigantism
D. Hypothyroidism
ANS: A

**15:** **A 38-year-old woman presents with a complaint of headache, diplopia, and hyperpigmentation. Her laboratory results indicate fasting blood glucose of 60mg/dL, serum prolactin level of 1000g/L, and ACTH level of 10,000pg/L. She has a history of abdominal surgery. What is the most likely diagnosis?**

A. Addison's disease
B. Cushing disease
C. Ectopic ACTH secretion
D. Nelson's syndrome
ANS: D

**16:** **In a 45-year-old woman with upper abdominal pain, vomiting, drowsiness, and dehydration, her serum calcium level is significantly elevated at 15 mg/100 ml (normal)range: 9-11 mg/100 ml.. Which of the following immediate treatment should be prioritized for managing this patient?**

A. Biphosphonates
B. 1-alpha Cholecalciferol
C. Steroids
D. Rapid fluid replacement
ANS: D

**17:** **A 54-year-old male has developed a tumor in the hypothalamus that has completely destroyed the supraoptic and paraventricular nuclei. Consequently, the posterior pituitary gland is no longer functioning. Which of the following urinary symptoms is most likely to be observed in this patient?**

A. Complete absence of urine (Anuria)
B. Painful or difficult urination (Dysuria)
C. Reduced urine output (Oliguria)
D. Excessive urine production (Polyuria)
ANS: D

18: In a 35-year-old woman presenting with a 7-year history of progressive bone pains, fatigue, lethargy, and vomiting, with the following lab results: serum calcium 12.8 mg/dL, alkaline phosphatase (ALK Phos. 300 IU/L, serum phosphate 2.4 mg/dL, hemoglobin (Hb. 11 g/dL, erythrocyte sedimentation rate (ESR. 40, urea 70 mg%, and creatinine 1.2 mg%, which investigation is most likely to aid in reaching a diagnosis?

A. Bone biopsy
B. PTH level
C. Radionucleotide scan
D. Serum protein electrophoresis
ANS: B

19: A 32-year-old female patient presenting with classic symptoms of Cushing's disease has recently received a Serum Cortisol report indicating an extremely low cortisol level (<1 nmol/L.. What is the most crucial question to ask in order to explain this result?

A. Any complaint of chronic headache
B. Any history of menstrual abnormality
C. Any history of hypotensive episodes in the family
D. is she presently on oral steroids
ANS: D

20: Which of the following factors is most likely to be found in the medical history of a patient diagnosed with Non-Alcoholic Fatty Liver Disease (NAFLD.?

A. Cushing's syndrome
B. Diabetes mellitus
C. Myxoedema
D. Obesity
ANS: D

21: Which condition is most likely responsible for the symptoms in a 26-year-old woman who has been experiencing right eye exophthalmos for the past 6 months, along with weight loss, a pulse rate of 120/min, a blood pressure of 120/80 mmHg, and fine tremors?

A. Cavernous sinus thrombosis
B. Grave's disease
C. Retro orbital tumour
D. Sphenoidal ridge meningioma
ANS: B

22. A young adult female with symptoms of fatigue, headaches, and muscle cramps, and high blood pressure (190/120 mmHg., is diagnosed with a Renin-secreting tumor. Which of the following electrolyte imbalances is most likely in this patient?

A. Hypochloremia
B. Hypokalemia
C. Hypomagnesemia
D. Hyponatremia
ANS: B

23. A 56-year-old female, who has been diagnosed with diabetes for the past 20 years and developed diabetic nephropathy 2 years ago, visits the outpatient department (OPD. complaining of experiencing generalized weakness, body aches, and low backache for the past month. Which of the following treatment options would be the most suitable for her condition?

A. Aspirin
B. Corticosteroids
C. Calcium supplements
D. Vitamin D supplements
ANS: D

24:. Which diagnostic test should be performed to confirm the diagnosis in a 35-year-old male who has presented to the Medical OPD with a 6-month history of darkening of complexion, generalized weakness, increased sun tan, oral mucosal pigmentation, and a blood pressure reading of 90/70 mmHg, where the blood complete picture and serum electrolyte levels are normal?

A. Adrenal CT scan
B. Serum cortisol measurement
C. Short Synacthen test
D. Urinary cortisol measurement
ANS: B

25: Which of the following treatment options is the most suitable for managing a 50-year-old obese man with a recent diagnosis of type 2 diabetes mellitus, who has been experiencing symptoms of polyuria, polydipsia, and polyphagia for several months?

A. Metformin
B. Glimepiride
C. Regular insulin
D. Insulin detemir

ANS: A

26: After undergoing thyroidectomy, a 45-year-old female developed carpopedal spasms for 10 days. Subsequent blood analysis indicated a need for treatment with calcitriol, a divalent cation and a polypeptide. Which of the following imbalances in her blood would be most likely to have been revealed?

A. Hypocalcemia (decreased calcium. and hyperphosphatemia (increased phosphate.
B. Hypocalcemia (decreased calcium. and hyperphosphatemia (increased phosphate. with tetany
C. Hypercalcemia (increased calcium. and hypophosphatemia (decreased phosphate.
D. Hypercalcemia (increased calcium. and hyperphosphatemia (increased phosphate.

ANS: B

27: A 32-year-old female patient presents with recurrent episodes of headache, dizziness, muscle weakness and cramping, and palpitations. Her blood pressure is elevated. An abdominal CT scan reveals a mass in the outer layer of the left suprarenal gland. What is the most likely electrolyte abnormality that would be revealed in her blood analysis?

A. Low sodium (hyponatremia. and low potassium (hypokalemia.
B. High sodium (hypernatremia. and low potassium (hypokalemia.
C. High sodium (hypernatremia. and high potassium (hyperkalemia.
D. Low sodium (hyponatremia. and high potassium (hyperkalemia.

ANS: D

28: A 53 year lady old housewife complains of shortness of breath. She is losing weight and admits that she can eat and has a good appetite. Her R.R 20, pulse 120/min tachycardia with normal BP. On examination hands are warm and moist pulse is irregular. The most likely diagnosis is:

A. Hyperthyroidism
B. Hypothyroidism
C. Normal
D. Sinus tachycardia

ANS: A

29: Which of the following enzyme levels would be significantly elevated in a patient with a history of jaundice, pruritis, and clay-colored stool?

A. Alkaline aminotransferase
B. Alkaline phosphatase
C. Aspartate aminotransferase
D. Lactate dehydrogenase

ANS: B

30. A person with endemic goiter would be excepted to have

A. Metal retardation
B. High plasma level of TSH
C. High level of thyroxine
D. Low production of thyroglobulin

ANS: B

31 A 55 yr old male diagnosed for small cell lung carcinoma.He is taking chemotherapeutics drugs. His serum electrlytes was advised which repot normal potassium normal calcium and decreased sodium. CT scan of the brain was normal. But patient ADH level was high in the serum which one of the following will be the most likely diagnosis:

A. Pituitary adenoma
B. SIADH
C. Tumour of supraoptic nucleus
D. Renin secreting tumour

ANS: B

**32.** **A 32 yrs old women present to the clinic with complaining of insensitivity to heat, weight loss, diarrhea, and increase appetite. O/E she is irritable and anxious. BP=155/85 mmhg HR=110/mint and RR=22/mint. The throat is enlarged and thyroid function is advised which shows TSH = High T3, T4 = High. Which one of the following will be most likely diagnosis for this case:**

A. Grave's disease
B. Hashimoto's disease
C. Pituitary adenoma
D. Sclerosing fibrosing thyroiditis

ANS: A

**33.** **Blood Level of which one of the following substance is decreased in Graves disease**

A. Triidotyronine (T3)
B. Tetraidothyroxine (T4)
C. Thyroid stimulating hormone (TSH)
D. L-iodide (I)

ANS: C

**34.** **Which step in the steroid hormone synthetic pathway is required for the development of female secondary sex characteristics, but not the male secondary sex characteristics.**

A. Aldosterone synthase
B. Cholesterol desmolase
C. 17, 20 lyase
D. Aromatase

ANS: D

**35.** **A 36 yrs old women with galactorrhea is treated with bromocriptine, the basis for bromocriptine action is by acting an agonist for**

A. Estradiol
B. Dopamine
C. Oxytocin
D. Prolactin

ANS: D

**36.** **Which one of the following hormones acts on target tissue by a steroid hormones mechanism of action**

A. Thyroid hormone
B. Parathyroid hormones (PTH)
C. Glucagon
D. Anti diurectic hormone (ADH)

ANS: A

**37.** **A health disorder that result from the deficiency of thyroxine in adults and characterized by low metabolic rate and increase to retain water in the body is**

A. Cretinism
B. Myxedema
C. Simple goiter
D. Thyrotoxicosis

ANS: B

**38.** **A pregnant women lack calcium and is advised by her doctor to take calcium but she does not obey her. Which one of the following would compensate the calcium requirements for the fetus:**

A. Renal tubules
B. Parathyroid glands
C. Calcium intake
D. Thyroid glands

ANS: B

**39.** **Which one of the following hormones stimulate milk “let down”**

A. Prolactin
B. HCG
C. Progesterone
D. Oxytocin

ANS: D

**40.** **A 35 yrs old male present to the clinic with complaining of weight loss, muscle weakness, dizziness, vertigo, O/E the abdominal strie was noted. There is buffalo umps and moon shaped face and hyperpigmentation on the skin. Lab investigation shows Cortisol = High ACTH= High which one of the following will be most likely the diagnosis?**

A. Cushing syndrome
B. Conn's syndrome
C. Cushing disease
D. Pheochromocytoma

ANS: A

41. A child suffering from sneezing (allergy case) which immunoglobulin will be involved?
A. IgA
B. IgD
C. IgE
ANS: C

42. A 65 year old hypertensive man presented with anorexia, ankle edema and generalized weakness for a few months. His arterial blood gas analysis showed: pH 7.3, PaC33mmHg, Pa02 95 mmHg, HC03 16 ,mmol/L. what is the most likely acid base disorder in this patient?
A. Metabolic acidosis
B. Metabolic alkalosis
C. Respiratory acidosis
D. Respiratory alkalosis
ANS: A

43. A 53 year old lady housewife complains of shortness of breath. She is losing weight and admits that she can eat and has a good appetite. Her R.R 20, pulse 120/min tachycardia with normal BP. On examination hands are warm and moist pulse is irregular. The most likely diagnosis is
A. Hyperthyroidism
B. Hypothroidism
C. Normal
D. Sinus tachycardia
ANS: A

44. At the end of marathon race, a person has;'
A. High insulin and low glucagon
B. High glucagon and high insulin
C. High glucagon and low insulin
D. High cortisol
Ans: C

45. A pregnant woman lacks calcium and is advised by her doctor to take calcium but she does not obeys her. Which of the following would compensate the calcium requirement for the fetus;
A. Renal tubules
B. Parathyroid glands
C. Calcium intake
D. Thyroid Glands
ANS: B

46. Calcitonin hormone is secreted by:
A. Parafollicular cells of thyroid
B. Parathyroid oxyphil cell
C. Chromaffin cells of the adrenal gland
D. Parathyroid chief cell
Ans: A

47. A patient presented with a lump in his neck. Physical examination revealed a solitary firm thyroid nodules on left side. The nodule does not enhance during imaging. Serum T3, T4 and TSH are normal but serum calcitonin was raised. Biopsy will reveal which one of the following:
A. Parathyroid adenoma
B. Follicular carcinoma thyroid
C. Papillary carcinoma of thyroid
D. Medullary carcinoma thyroid
ANS: D

48. Dilutional hyponatremia develop in:
A. CHF
B. SIADH
C. Conn's syndrome
D. Cushing syndrome
ANS: B

49. A 32 yrs women present to the clinic with complaining of insensitivity to heat, weight loss, diarrhea, and increase appetite. O/E she is irritable and anxious. BP=155/85mmhg HR=110/mint and RR=22/mint. The throat is enlarged and thyroid function is advised which shows TSH = High T3, T4 = High Which one of the following will be most likely diagnosis for this case:
A. Grave's disease
B. Hashimoto's disease
C. Pituitary adenoma
D. Sclerosing fibrosing thyroiditis
ANS: C

**50.** A 25 yrs old male reports episodic spells characterized by palpitations, sweating, nervousness and felling od anxiety. O/E the man BP is high plasma epinephrine and nor epinephrine was also high than normal. And 24hrs urinary VMA is 23mg (normal < 8mg). which of the following is most likely cause of hypertension in this patient:

A. 11-beta hydroxylase deficiency
B. Conn's syndrome
C. Addison disease
D. Pheochromocytome
ANS: D

**51.** Tumour of zona glomerulosa to secret excess level of aldosterone is:

A. Pheochromocytoma
B. Conn's syndrome
C. Addison disease
D. Cushing syndrome
ANS: B

**52.** Orphan annie nuclei are seen in:

A. Papillary carcinoma
B. Follicular carcinoma
C. Medullary carcinoma
D. Anaplastic carcinoma
ANS: A

**53.** A 55 yrs old male diagnosed for small cell lung carcinoma. He is taking chemotherapeutics drugs. Suddenly present with complains of headache, vertigo and hypotension. His serum electrolytes was advised which report normal potassium normal calcium and decreased sodium. CT scan of the brain was normal. But patient ADH level was high in the serum which one of the following will be the most likely diagnosis:

A. Pituitary adenoma
B. SIADH
C. Tumour of supraoptic nucleus
D. Renin-secreting tumour
ANS: B

**54.** The antibiotic used in th treatment of SIADH is:

A. Demeclocycline
B. Penicillin
C. Ciprofloxacin
D. Doxycycline
ANS: A

**55.** Which one of the following drug in DM leads to increased risk of fractures and contra indicated in heart failure.

A. Metformin
B. Chlorpropamide
C. Tolbutamide
D. Pioglitazone
ANS: D

**56.** Which one of the following is contraindicated in renal insufficiency:

A. Tolbutamide
B. Metformin
C. Piogliazone
D. Glipzide
ANS: B

**57.** The drug which is sued in the management of diabetes mellitus by inhibiting potassium channel in the beta cell is:

A. Glipzide
B. Metformin
C. Piogliazone
D. Ascarbose
ANS: A

**58.** A 5th months pregnant female diagnosed for hyperthyroidism the best agent to start with:

A. Methimazole
B. Prophythiouracil (PTU.
C. Levothyroxine
D. Thiocynate
ANS: A

**59.** Which of the following is the most probable diagnosis for a 45-year old male who experiences persistent headaches, visual disturbances, numbness in his lower extremities, and an increase in the size of his footwear?

A. Acromegaly
B. Cushing's syndrome
C. Gigantism
D. Hypothyroidism
ANS: A

60: A 38-year-old woman presents with a complaint of headache, diplopia, and hyperpigmentation. Her laboratory results indicate fasting blood glucose of 60mg/dL, serum prolactin level of 1000g/L, and ACTH level of 10,000pg/L. She has a history of abdominal surgery. What is the most likely diagnosis?

A. Addison's disease
B. Cushing disease
C. Ectopic ACTH secretion
D. Nelson's syndrome
ANS: D

61: In a 45-year-old woman with upper abdominal pain, vomiting, drowsiness, and dehydration, her serum calcium level is significantly elevated at 15 mg/100 ml (normal range: 9-11 mg/100 ml. Which of the following immediate treatment should be prioritized for managing this patient?

A. Biphosphonates
B. 1-alpha Cholecalciferol
C. Steroids
D. Rapid fluid replacement
ANS: D

62: In a 35-year-old woman presenting with a 7-year history of progressive bone pains, fatigue, lethargy, and vomiting, with the following lab results: serum calcium 12.8 mg/dL, alkaline phosphatase (ALK Phos. 300 IU/L, serum phosphate 2.4 mg/dL, hemoglobin (Hb. 11 g/dL, erythrocyte sedimentation rate (ESR. 40, urea 70 mg%, and creatinine 1.2 mg%, which investigation is most likely to aid in reaching a diagnosis?

A. Bone biopsy
B. PTH level
C. Radionucleotide scan
D. Serum protein electrophoresis
ANS: B

63: Which of the following factors is most likely to be found in the medical history of a patient diagnosed with Non-Alcoholic Fatty Liver Disease (NAFLD)?

A. Cushing's syndrome
B. Diabetes mellitus
C. Myxoedema
D. Obesity
ANS: D

64: Which condition is most likely responsible for the symptoms in a 26-year-old woman who has been experiencing right eye exophthalmos for the past 6 months, along with weight loss, a pulse rate of 120/min, a blood pressure of 120/80 mmHg, and fine tremors?

A. Cavernous sinus thrombosis
B. Grave's disease
C. Retro orbital tumour
D. Sphenoidal ridge meningioma
ANS: B

65. A young adult female with symptoms of fatigue, headaches, and muscle cramps, and high blood pressure (190/120 mmHg), is diagnosed with a Renin-secreting tumor. Which of the following electrolyte imbalances is most likely in this patient?

A. Hypochloremia
B. Hypokalemia
C. Hypomagnesemia
D. Hyponatremia
ANS: B

66: Which of the following treatment options is the most suitable for managing a 50-year-old obese man with a recent diagnosis of type 2 diabetes mellitus, who has been experiencing symptoms of polyuria, polydipsia, and polyphagia for several months?

A. Metformin
B. Glimepiride
C. Regular insulin
D. Insulin detemir
ANS: A

67. A women is found with pulseless electrical activity on hospital day 07 after suffering a lateral wall STEMI. On examination the JVP raised and Heart sound was muffled. According to ALCS what is the next best step

A. ECG
B. Echo
C. Pericardiocentesis
D. Analgesic
ANS: C

68. A 40 years old male present for a routine exam. His exam is significant for a BP of 148/78 mmhg but otherwise unremarkable and lab results normal. What is the next step in management

A. Captopril Sublingual
B. Repeat BP measurement
C. Nitrate sublingual
D. Lasix
ANS: B

69. A patient previously a known case of thyoroid gland pathology present with TFT lab report. T3 and T4 normal and TSH high. Most likely he is suffering from

A. Hyperthyroidism
B. subclinical hypothyroidism
C. thyroid storm
D. lab report are not correct
ANS: B

70. A middle age male came to the clinic with complain of bony pain, arthralgia, nerve compression, hearing loss and multiple bony fracture all the lab test normal only raised ALP most likely is

A. Osteoporosis
B. Paget disease of bone
C. Osteopetrosis
D. Osteomalacia
ANS: B

71. A 45 year male presented to clinic with complain of persis headache, increasing his w size, dorwziness, bony pain epigastric discomfortness diagnosed for multiple gas ulcer most likely he is Suffer from

A. MEN 1
B. MEN 2A
C. MEN 2B
D. None of above
ANS: A

72. A young boy brought emergency with sudden o abdominal pain, nausea vomiting, and altered me changes. He was fo Semiconsious and fruity bre odor noted. Next best initial s in management

A. iv fluid
B. insulin
C. potassium supplement
D. metformin
ANS: A

# IM GIT

1. A 45-year-old man presents with epigastric pain, bloating, and occasional black stools. He has a history of NSAID use for chronic back pain. What is the most likely diagnosis?

A. Peptic ulcer disease
B. Acute pancreatitis
C. Crohn's disease
D. Mallory-Weiss syndrome
ANS: A

2. A 62 year-old woman presents with difficulty swallowing both solids and liquids, along with regurgitation of undigested food. Barium swallow reveals a "bird's beak" appearance. What is the most likely diagnosis?

A. GERD
B. Esophageal stricture
C. Achalasia
D. Esophageal carcinoma
ANS: D

3. A 22-year-old woman presents with watery diarrhea after returning from a trip to Mexico. Stool examination shows no leukocytes. What is the most likely causative organism

A. Shigella
B. Enterotoxigenic
C. Clostridium difficile
D. Salmonella
E. coli (ETEC)
ANS: B

4. A 56 year-old man presents with a history of chronic GERD and new-onset dysphagia. Endoscopy shows a salmon-colored mucosa extending from the gastroesophageal junction. What is the most appropriate next step

A. Biopsy for Barrett's esophagus
B. H. pylori testing
C. Proton pump inhibitor therapy
D. Esophageal pH monitoring
ANS: A

5. A 34-year-old man presents with jaundice, pruritus, and fatigue. His medical history is significant for ulcerative colitis. What is the most likely diagnosis?

A. Hepatitis B
B. Autoimmune hepatitis
C. Wilson's disease
D. Primary sclerosing cholangitis
ANS: D

6. A 68 years old woman presents with postprandial pain, weight loss, and food avoidance. The Pain intensity is out of proportion. CT angiography reveals stenosis of the celiac artery. What is the most likely diagnosis?

A. Chronic mesenteric ischemia
B. Peptic ulcer disease
C. Gastric cancer
D. Cholecystitis
ANS: A

7. A 28-year-old man presents with perianal pain, rectal bleeding, and a history of recurrent oral ulcers. Colonoscopy shows multiple deep ulcers in the terminal ileum. What is the most likely diagnosis ?

A. Ulcerative colitis
B. Crohn's disease
C. Infectious colitis
D. Diverticulitis
ANS: B

8. A 55-year-old man presents with progressive dysphagia and weight loss. Endoscopy reveals an irregular mass in the lower third of the esophagus. What is the most likely diagnosis?

A. Esophageal adenocarcinoma
B. Esophageal squamous cell carcinoma
C. Achalasia
D. Esophageal stricture
ANS: A

9. **A 6-week-old infant presents with projectile, non-bilious vomiting after feeding and also can't gain weight according to age. Abdominal ultrasound shows a thickened pyloric muscle. What is the most likely diagnosis?**

A. Duodenal atresia
B. Pyloric stenosis
C. Hirschsprung's disease
D. Malrotation with volvulus
ANS: B

10. **A 70-year-old man presents with constipation, abdominal distension, and weight loss over three months. Colonoscopy reveals an "apple-core" lesion in the sigmoid colon. What is the most likely diagnosis?**

A. Colorectal cancer
B. Diverticulitis
C. Crohn's disease
D. Ischemic colitis
ANS: A

11. **A 42 years old woman presents with epigastric pain radiating to the back. Serum lipase is elevated. CT scan shows pancreatic edema without necrosis. What is the most appropriate initial management?**

A. ERCP
B. IV fluids and supportive care
C. Antibiotics
D. Immediate surgery
ANS: B

12. **A 32-year-old woman presents with chronic diarrhea and weight loss. She has a history of iron deficiency anemia. Duodenal biopsy shows villous atrophy. What is the most likely diagnosis?**

A. Tropical sprue
B. Crohn's disease
C. Lactose intolerance
D. Celiac disease
ANS: D

13. **A 62 year-old man with a history of atrial fibrillation presents with sudden-onset severe abdominal pain out of proportion to physical exam findings. What is the most likely diagnosis?**

A. Acute mesenteric ischemia
B. Small bowel obstruction
C. Diverticulitis
D. Acute cholecystitis
ANS: A

14. **A 60-year-old woman presents with early satiety, nausea, and bloating. She has a history of diabetes. Gastric emptying study confirms delayed gastric emptying. What is the best treatment?**

A. Anticholinergics
B. Proton pump inhibitors
C. Metoclopramide
D. High-fiber diet
ANS: C

15. **A 57-year-old man presents with fatigue, hepatomegaly, and bronze-colored skin. Serum ferritin and transferrin saturation are elevated. What is the most likely diagnosis?**

A. Hemochromatosis
B. Wilson's disease
C. Alpha-1 antitrypsin deficiency
D. Autoimmune hepatitis
ANS: A

16. **A 28-year-old man presents with recurrent, painless rectal bleeding. Colonoscopy reveals multiple tortuous dilated submucosal vessels in the right colon. What is the most likely diagnosis?**

A. Hemorrhoids
B. Angiodysplasia
C. Ulcerative colitis
D. Diverticulosis
ANS: B

17. **Which of the following is water shed zone area which is susceptible for risk of Ischemic changes is?**

A. Terminal ileum
B. Splenic Flexure
C. Ascending Colon
D. Rectum
ANS: B

18. **What are the most common type of antibodies seen in pernicious anaemia?**

A. Vitamin B12 receptor antibodies
B. Gastric parietal cell antibodies
C. Jejunal mucosa antibodies
D. Intrinsic factor antibodies
ANS: D

19. **A 70-year old man who is known to have atrial fibrillation presents with abdominal pain and rectal bleeding. A diagnosis of ischemic colitis is suspected. Which part of the colon is most likely to be affected?**

A. Hepatic Flexure
B. Descending colon
C. Splenic Flexure
D. Rectum
ANS: C

20. **A 22-year-old man is investigated for weight loss and diarrhea biopsy is taken and reported as follows: Deep inflammatory infiltrate from the mucosa to the muscular is propria Numerous granulomata noted. What is the most likely diagnosis?**

A. Crohn's disease
B. Rectal carcinoma-in-situ
C. Tuberculosis
D. Laxative abuse Ulcerative colitis
ANS: A

21. **A 43-year-old man is reviewed in the gastroenterology clinic. He has had troublesome dyspepsia for the past six months which has not settled with proton pump inhibitor therapy. During the review of systems he also reports passing 6-7 watery stools per day. An OGD 3 weeks ago showed gastric erosions and ulcers. Which one of the following investigations is most likely to be diagnostic?**

A. Serum amylase
B. Urea breath test for Helicobacter pylori
C. Fasting gastrin
D. Abdomen
ANS: C

22. **A 36-year-old man presents with dyspepsia. No alarm symptoms are present. This is his first episode and he has no significant medical history of note. A test-and-treat strategy is agreed upon. What is the most appropriate investigation to test for Helicobacter pylori?**

A. Gastric biopsy
B. CLO test (rapid urease test.
C. Stool culture
D. 13C-urea breath test
ANS: D

23. **The most common vessel bleed in Gastric ulcer is?**

A. Left Gastric artery
B. Right gastric artery
C. Gastroduodenal artery
D. Short Gastric arteries
ANS: A

24. **A 54-year-old female is admitted one week following a cholecystectomy with profuse diarrhea. What is the most likely diagnosis?**

A. Campylobacter
B. E. coli
C. Clostridium difficile
D. Salmonella
ANS: C

25. A 26-year-old man with a history of speech and behavioural problems presents with lethargy. examination he is noted to have jaundiced sclera. What is the most likely diagnosis?

A. Wiskott-Aldrich syndrome
B. Haemochromatosis Friedreich's ataxia
C. Wilson's disease
D. Acute intermittent porphyria
ANS: C

26. A 58-year-old male was admitted with a 8 month history of dysphagia, initially worse on solids, but now encompassing liquids. This is associated with weight loss, vomiting and for the last day odynophagia. Barium swallow shows: Apple core stricture in the proximal third of the oesophagus. Which of the following risk factors is only associated with increased risk of adenocarcinoma of the oesophagus.

A. Alcohol
B. Smoking
C. Achalasia
D. Barrett's oesophagus
ANS: D

27. Which one of the following features is least associated with ulcerative colitis

A. Blood cultureInflammatory cell infiltrate in the lamina propria
B. Pseudopolyps
C. Non-caseating granulomas
D. Depletion of goblet cells
ANS: C

28. The action of which one of the following brush border enzymes results in the formation of glucose and galactose

A. Dipeptidase
B. A-dextrinase
C. Maltase
D. Lactase
ANS: D

29. A 34-year-old female with a history of alcoholic liver disease is admitted with frank haematemesis. She was discharged three months ago, following treatment for bleeding oesophageal varices. Following resuscitation, what is the most appropriate treatment whilst awaiting endoscopy?

A. Octreotide
B. Omeprazole
C. Tranexamic acid
D. Terlipressin
ANS: D

30. A 19-year-old man is referred to the general medical clinic. For the past six months his family have noted increasing behavioural and speech problems. He himself has noticed that he more clumsy than normal and reports excessive salivation. His older brother died of liver disease. Given the likely underlying condition what is the most appropriate therapy

A. Vitamin B6 supplements
B. Venesection
C. Ribavirin + interferon alpha
D. Penicillamine
ANS: D

31. Which of the following agent result gynecomastia:

A. Loratidine
B. Cimetidine
C. Famotidine
D. Ranitidine
ANS: B

32. All of the following regarding metoclopramide are true except

A. Increase LES sphincter tones
B. Decrease gastric emptying
C. D2 receptor antagonsit
D. Can cause Parkinson like effect
ANS: B

33. Which one of the following features is not seen in carcinoid syndrome

A. Flushing
B. Diarrhoea
C. Bronchospasm
D. Hypertension
ANS: D

34. A 50-year-old woman presents with dyspepsia and a positive urea breath test. What is the best treatment ?

A. Triple therapy with PPI, amoxicillin, and clarithromycin
B. Proton pump inhibitor alone
C. Bismuth therapy
D. Colonoscopy

ANS: A

35. A 46 years old man presents with fever, right upper quadrant pain, and jaundice. What is the most likely diagnosis?

A. Acute cholangitis
B. Hepatitis A
C. Cholecystitis
D. Peptic ulcer disease

ANS: A

36. A 56 year-old man presents with severe epigastric pain radiating to the back, nausea, and vomiting. Serum lipase is elevated. What is the most likely diagnosis?

A. Acute pancreatitis
B. Gastric ulcer
C. Cholecystitis
D. Peptic ulcer disease

ANS: A

37. A 58 years old man presents with chronic diarrhea, weight loss, and iron deficiency anemia. Duodenal biopsy shows villous atrophy. What is the best next step?

A. Tissue transglutaminase antibody testing
B. Colonoscopy
C. Fecal occult blood test
D. Hydrogen breath test

ANS: A

38. A 68-year-old woman presents with painless rectal bleeding. Colonoscopy reveals small, bulging pouches in the sigmoid colon. What is the most likely diagnosis?

A. Diverticulitis
B. Diverticulosis
C. Colorectal cancer
D. Angiodysplasia

ANS: B

39. A 24 year-old woman presents with abdominal pain relieved by defecation, bloating, and alternating diarrhea and constipation. There is no weight loss or blood in the stool. What is the most likely diagnosis?

A. Colon cancer
B. Crohn's disease
C. Celiac disease
D. Irritable bowel syndrome

ANS: D

40. A 44 years old man presents with progressive dysphagia for solids and liquids. Barium swallow shows a "bird's beak" appearance. What is the best initial treatment?

A. Pneumatic dilation or botulinum toxin
B. Proton pump inhibitors
C. H. pylori eradication
D. Colonoscopy

ANS: A

41. A 68 year-old man presents with fatigue and right upper quadrant pain. He has a history of chronic hepatitis B. Imaging reveals a liver mass with arterial enhancement and venous washout. What is the most likely diagnosis?

A. Hepatic adenoma
B. Hepatocellular carcinoma
C. Hemangioma
D. Metastatic cancer

ANS: B

42. A 32 years old woman presents with diarrhea, weight loss, and recurrent oral ulcers. Colonoscopy shows skip lesions with cobblestone mucosa. What is the most likely diagnosis ?

A. Celiac disease
B. Ulcerative colitis
C. Irritable bowel syndrome
D. Crohn's disease

ANS: D

43. A 58 years old man with cirrhosis presents with confusion and asterixis. His ammonia level is elevated. What is the best initial treatment?

A. Lactulose
B. IV fluids
C. Proton pump inhibitors
D. Rifaximin

ANS: A

44. A 62 years old man presents with fatigue and diabetes. He has bronze-colored skin and hepatomegaly. Serum ferritin is elevated. What is the most likely diagnosis?

A. Hemochromatosis
B. Wilson's disease
C. Chronic hepatitis B
D. Autoimmune hepatitis

ANS: A

45. A 14 years old boy presents with hepatomegaly, neurological symptoms, and a family history of unexplained liver disease. Slit-lamp examination reveals Kayser-Fleischer rings. What is the best diagnostic test ?

A. Serum ferritin ceruloplasmin
B. Anti-smooth muscle antibodies
C. Serum ceruloplasmin
D. HFE gene testing

ANS: C

46. A 48 years old man presents with abdominal pain and fever. He has a history of alcohol use disorder. Lab tests show elevated AST and ALT (AST:ALT > 2:1. along with high bilirubin. What is the most likely diagnosis?

A. Viral hepatitis
B. Alcoholic hepatitis
C. Wilson's disease
D. Hemochromatosis

ANS: B

47. A 35-year-old woman present with progressive fatigue, pruritu and jaundice. Laboratory test show elevated alkalin phosphatase and positive anti mitochondrial antibodies (AMA What is the most likely diagnosis

A. Primary biliary cholangitis
B. Autoimmune hepatitis
C. Primary sclerosing cholangitis
D. Wilson's disease

ANS: A

48. Following a cholecystectomy, patient presents with jaundice, high-grade fever accompanied rigors. What is the initial step managing this condition?

A. Ultrasound scan
B. Liver function tests
C. MRCP
D. Exploratory laparotomy

ANS: B

49: What is the most probab diagnosis for a 45-year-old fema who has been experiencin abdominal pain for 12 hour along with nausea, vomiting, an fever? On examination, sh exhibits tenderness in the righ upper quadrant of her abdomen.

A. Cholecystitis
B. Gastritis
C. Hepatitis
D. Pancreatitis

ANS: A

50: Which of the following is the most probable diagnosis for a 40-year old man who has been experiencing difficulty swallowing solid foods for the past few weeks, with no significant loss of appetite?

A. Achalasia
B. Gastric outlet obstruction
C. Functional Dysphagia
D. Scleroderma

ANS: A

51: Which diagnostic test is most suitable for diagnosing a 40-year-old woman presenting with jaundice, severe epigastric pain, retching, and vomiting lasting for 2 days?

A. Abdominal CT scan
B. ERCP
C. Liver function Test
D. Abdominal ultrasound
ANS: D

52: Which of the following conditions is the most likely cause of elevated serum conjugated bilirubin levels in a person?

A. Obstructive Jaundice
B. Nutritional deficiency anemia
C. amoebic liver abscess
D. Splenomegaly
ANS: A

53: A 45-year-old female patient is experiencing upper abdominal pain, vomiting, drowsiness, and dehydration. Upon evaluation, her serum calcium levels are significantly elevated at 15 mg/100 ml (normal range: 9-11 mg/100 ml). What is the most immediate treatment option for managing this patient?

A. Biphosphonates
B. 1-alpha Cholecalciferol
C. Steroids
D. Rapid fluid replacement
ANS: D

54: A 40-year-old female patient complains of abdominal pain lasting for 12 hours, accompanied by symptoms of nausea and vomiting. During the examination, she exhibits a fever. Upon assessment, tenderness is noted in the right upper quadrant of the abdomen. What diagnostic investigation would you recommend in this case?

A. Barium meal
B. CT scan of the abdomen
C. Ultrasound of the abdomen
D. Upper gastrointestinal endoscopy
ANS: B

55: Which of the following is the most likely diagnosis for a 60-year-old male who has been experiencing blood in his stool for two months, along with significant weight loss and a palpable mass in the right upper abdomen?

A. Appendicular lump
B. Colon cancer
C. Hepatoma
D. Hypernephroma
ANS: B

56: A 16-year-old boy was admitted with a 3-day history of low appetite, vomiting, and yellow discoloration of the eyes. He presented with jaundice, and his liver was not palpable. In the evening, he became confused and experienced urinary incontinence. Which laboratory test would be the most reliable indicator for assessing the prognosis of this boy's condition?

A. Serum ALT (Alanine Aminotransferase. levels
B. Serum Albumin levels
C. Serum Bilirubin levels
D. Prothrombin Time/INR (International Normalized Ratio.
ANS: D

57: Which organism is the most likely cause of abdominal pain and fever in a 50-year-old man with portal hypertension and ascites, based on ascitic fluid microscopy revealing gram-negative rods?

A. E. Coli
B. Pseudomonos aeruginosa
C. Staphylococcus aureus
D. Streptococcus pyogenes
ANS: A

58: Which intravenous solution is the most appropriate for initiating resuscitation in a 45-year-old man who has been treated for a chronic duodenal ulcer and is currently experiencing frequent projectile vomiting (3-4)times daily. for the past 2 months? On examination, the patient appears dehydrated, cold, and clammy.

A. Darrow's solution
B. Dextrose saline
C. Dextrose water
D. Normal saline
ANS: D

59: A 36-year-old woman visits the medical outpatient department with a history of jaundice and itching for the past 6 months. She also reports experiencing diarrhea and abdominal pain for the last 10 years. Physical examination reveals jaundice, scratch marks, and an enlarged liver. Her blood tests show elevated serum bilirubin (8.0 mg/dL., ALT (65 IU/L., and alkaline phosphatase (650 IU/L.. An abdominal ultrasound does not show any remarkable findings. Autoimmune and viral hepatitis markers are negative. Ceruloplasmin levels are normal. Which of the following investigations would be the most appropriate to establish a diagnosis?

A. Anti ds DNA
B. Anti LKM antibody
C. CT Abdomen
D. ERCP
ANS: D

60: In a patient with a confirmed case of peptic ulcer disease causing severe hematemesis due to bleeding in the proximal part of the first part of the duodenum, which vessel should be ideally embolized to control the hemorrhage?

A. Celiac trunk
B. Gastro duodenal artery
C. Superior mesenteric artery
D. Superior pancreatico duodenal artery
ANS: B

61: Which diagnostic test is most appropriate for evaluating portal hypertension in a 45-year-old male presenting with abdominal distension and non-tender ascites?

A. Ascitic fluid proteins
B. Ascitic fluid LDH
C. Serum Ascitic albumin gradient
D. Upper GI endoscopy
ANS: C

62: A 43-year-old woman seeks medical attention due to abdominal pain persisting for 12 hours, accompanied by symptoms of nausea and vomiting. During the examination, she exhibits a fever, and there is notable tenderness in the right upper quadrant of her abdomen. Which of the following is the most probable diagnosis?

A. Cholecystitis
B. Gastritis
C. Hepatitis
D. Pancreatitis
ANS: A

63: A 15-year-old girl has been admitted to the hospital with abnormal upper limb movements, mild jaundice, hepatomegaly, and a family history of her elder sister's death at the age of 30 with similar symptoms. Her blood test results are as follows:

- Serum bilirubin 4 mg/dl,
- ALT 55 U/L,
- Alkaline Phosphatase 400 IU/L.
- Hb 11.5 gm/dl.

A. Hemolytic Anaemia
B. Sydenham Chorea
C. Viral Hepatitis
D. Wilson Disease
ANS: D

64: A 30-year-old businessman, who has been grappling with ulcerative colitis for the past eight years, presents with a recent history of passing 3-4 bloody stools daily over the last two months. His condition has shown no improvement despite receiving prednisolone and azathioprine treatment. What is the most suitable diagnostic investigation to pursue at this point?

A. Barium enema
B. Barium follow through
C. CT scan of the abdomen
D. Colonoscopy
ANS: D

65: A 50-year-old smoker male presented to the Emergency OPD in severe abdominal pain, he had a past medical history of gastric pain on and off for the last 3 years. Endoscopy revealed bleeding ulcer of the lesser curvature of the stomach. Which of the following artery is most probably responsible for this bleeding?

A. Gastroduodenal
B. left gastric
C. Right gastric
D. Short gastric
ANS: B

66: A 30-year-old man with a previous history of dyspepsia is admitted to the hospital with melena (black, tarry stools. and is pale with a blood pressure of 90/60 mmHg. During the abdominal examination, mild tenderness is noted in the epigastrium. What is the most crucial initial step in managing this patient's condition?

A. Pass NG tube
B. Start I/V Cimitidine
C. Start I/V Octreotide
D. Transfuse blood
ANS: D

67: Which of the following is the most likely diagnosis for a 64-year-old man who has been experiencing episodes of diarrhea, significant weight loss over the past five months, and has had two instances of rectal bleeding during this period?

A. Amoebiasis
B. Cancer colon
C. Colonic polyps
D. Diverticulosis
ANS: B

68: Which treatment option is most appropriate for a 50-year-old female with a confirmed diagnosis of GERD (Gastroesophageal Reflux Disease. who has been taking H2 receptor antagonists but has experienced an exacerbation of her symptoms over the past 18 months and has sought treatment for anxiety and depression?

A. Proton Pump Inhibitors (PPIs.
B. Anti-psychotic medication
C. Antibiotics
D. Dietary modification
ANS: A

69: Which of the following is the most probable diagnosis for a 50-year-old man who experiences abdominal pain, diarrhea, vomiting, and fever within 24 hours of attending a party, while also showing signs of dehydration with a blood pressure of 100/70 mmHg and a pulse rate of 110/min?

A. Amoebiasis
B. Appendicitis
C. Giardiaris
D. Salmonella infection
ANS: D

70: In a clinical scenario, a 50-year-old woman with cirrhosis of the liver presents to her physician with a distended abdomen. The physician taps the fluid from her abdomen and sends the specimen to the hospital laboratory for analysis. The analysis reveals that the fluid has a protein content of less than 3.0 gm/dl and a specific gravity of 1.015. What is the most accurate description of this fluid?

A. Exudates
B. Transudate
C. Effusion
D. Isotonic fluid
E. Serous fluid
ANS: B

71: Which protozoan is most likely causing the symptoms in a 40-year-old man who has been experiencing upper abdominal pain, watery foul-smelling diarrhea, and flatulence for the past two weeks after drinking spring water on a camping trip near Naran? Stool examination revealed the presence of trophozoites.

A. Cryptosporidium
B. Giardia lamblia
C. Entamoeba coli
D. Trichomonas
E. Acanthamoeba
ANS: B

72: In a 35-year-old female presenting at an outpatient clinic with a one-week history of epigastric pain and a burning sensation after meals, which she also experienced six months ago and was previously diagnosed with acid peptic disease. She was advised to make dietary changes and take antacids for her condition. What is the most appropriate treatment recommendation at this point?

A. Increased dose of antacids
B. Proton-pump inhibitors
C. Strict dietary modifications
D. Surgical vagotomy and pyloroplasty
ANS: B

73: A 50-year-old female has been experiencing a round swelling in her epigastrium for the past year. Recently, the swelling has increased in size and become painful over the last month. Upon examination, the swelling measures 6x6 cm and is located in the midline between the xiphisternum and umbilicus. It is tender and partially reducible. The swelling becomes more prominent when the patient raises her head and shoulders while lying supine. What is the most likely diagnosis?

A. Abdominal wall lipoma
B. Epigastric hernia
C. Paraumbilical hernia
D. Tumor of the stomach
ANS: B

74. What is the appropriate waiting period for a 42-year-old male diagnosed with cholelithiasis who has recently experienced an inferior wall myocardial infarction and is admitted to the cardiology ward for treatment before undergoing his planned laparoscopic cholecystectomy?

A. After one week
B. After four weeks
C. After three months
D. After six weeks
ANS: D

75: A 42-year-old woman, previously treated for acute pancreatitis, now comes to the outpatient clinic with a mass in her epigastrium. She also experiences intermittent vomiting. On examination, a non-tender, immobile mass measuring 4x4 cm is found in her epigastrium. What is the most probable diagnosis?

A. Pancreatic abscess
B. Pseudo-pancreatic cyst
C. Pancreatic tumor
D. Pancreatic cyst
ANS: B

76: Which gastrointestinal condition is most likely responsible for the 40-year-old male's complaints of epigastric pain persisting for one week and the presence of black-colored stools for the past three days? He has been using analgesics continuously since sustaining a knee injury three months ago.

A. Curling ulcer
B. Duodenal ulcer
C. Gastric ulcer
D. Stress ulcer
ANS: C

77: A 42-year-old male has been experiencing epigastric pain for the past week and has noticed black-colored stools for the last three days. He sustained a knee injury three months ago and has been taking analgesic medications continuously. Which diagnostic test is most appropriate for confirming the diagnosis?

A. Barium meal follow-through
B. CT Scan of abdomen
C. Upper G.I. endoscopy
D. Ultrasound of abdomen
ANS: C

78. A 31 year old presents with 3 days history of sudden onset pain upper abdomen followed by jaundice and fever. The most important initial investigation would be:

A. Blood culture
B. Serum Electrolytes
C. Biopsy
D. Ultrasound Abdomen

ANS: D

79: A 46-year-old male is experiencing excruciating pain and bleeding during bowel movements. Physical examination reveals severe tenderness in the anal region. What is the most probable diagnosis?

A. Anal fissure
B. Fistula in ano
C. Hemorrhoids
D. Peri-anal abscess

ANS: A

80: A woman with a history of laparotomy 3.5 years ago presents with a 4-day history of constipation, absence of bowel movements and passing gas, and abdominal distention. On examination, a non-reducible swelling is observed in the midline, and X-rays reveal air-fluid levels. What is the most appropriate next step in management?

A. Give fluid resuscitation and proton pump inhibitors (PPIs.
B. Prepare the patient for surgical intervention
C. Adopt a conservative "wait and watch" approach
D. Give fiber supplements and multiple enemas

ANS: B

81: A 40-year-old obese patient complains of chronic heartburn and regurgitation of stomach contents into the throat. These symptoms occur predominantly at night and are relieved by antacids. What is the most likely diagnosis?

A. Hiatal hernia
B. Gastroesophageal reflux disease (GERD.
C. Esophageal stricture
D. Barrett's esophagus

ANS: B

82. Mechanism of action of ondensetron is:

A. 5 HT1 agonist
B. 5 HT2 antagonist
C. 5 HT3 antagonist
D. 5HT3 agonist

ANS: C

# IM HEMA

1. **A 30 year old female has splenomegaly and anemia with spherocytosis. The circulating RBCs demonstrate an increased osmotic fragility on laboratory testing. An inherited abnormality in which of the following RBC components best explains these findings**

A. Glucose 6 phosphate dehydrogenase
B. A membrane cytoskeletal protein
C. A globin chain
D. Globin chain

ANS: B

2. **Which of the following antimetabolite used in the treatment of hairy cell leukemia**

A. Methotrexate
B. 6-mercaptopurine
C. Cladribine
D. Cytarabine

ANS: C

3. **A 17 year old man with a petechial rash is otherwise completely well. He has no history bleeding, recent illness or use of any medications. The examination of the peripheral smear is normal except for a virtual absence of platelets. The most like diagnosis in this patient is**

A. Pernicious anemia
B. Idiophathic thrombocytopenia purpura (ITP.
C. Drug induced thrombocytopenia
D. All of the above

ANS: B

4. **A mother of blood group type A, who has always been perfectly healthy just delivered her second child. The father is of blood group O negative. Knowing that the child is of blood group O negative (O, Rh negative., what would you except to find in this child**

A. The child will suffer from erythroblastosis fetalis due to rhesus incompatibility.
B. The child will suffer from erythroblastosis fetal due to ABO blood group incompatibility
C. The child will suffer from both A and B
D. The child has no chance of developing HDN

ANS: D

5. **Translocation in Burket lymphoma is**

A. t (8:14)
B. t (8:16)
C. t (8:18)
D. t(8:20).

ANS: A

6. **Which of the following pair is incorrect**

A. t, ( 9:22). seen in CML
B. t ( 14:18). seen in Follicular Lymphoma
C. t ( 8:14). seen in Burkkit lymphoma
D. t ( 15:17). seen in CLL

ANS: D

7. **Tumour lysis syndrome is a oncological emergency manage by giving aggressive hydration which include all of the following except:**

A. Hyperkalemia
B Hyperphostemia
C Hypocalcemia
D. Hypernatremia

ANS: D

8. The test that screen the extrinsic pathway is
A. PT
B. APTT
C. Urea Solubility test
D. BT
ANS: A

9. A scars old African male was chronically ill had swollen jaw and spleen and liver enlargement. The cells am biopsy were monotonous small noon cleaved lymphocytes. Most likely chromosomal translocation seen in this disease is
A. t (4:22)
B. t (9:22)
C. t (8:14)
D. t (12:24)
ANS: C

10. A 32 years old male is admitted to the emergency department suffering from multiple gunshot wound to the abdomen. Surgery resultin the removal of jejunum. Several months later the patient complain of being tired. A CBC indicate high MCV of 125, decreased HB. Which of the following is consistent with this data
A. Iron deficiency anemia
B. Vit. B12 Deficiency
C. Anemia of chronic disease
D. Vit. B9 deficiency
ANS: D

11. A 25 year old black male sickle cell patient was brought to the emergency room because of fever and chest pains from the last 24 hours. His anemia was unchanged. His reticulocyte count was 10%. The most likely cause of his acute problem is
A. Vaso occlusive crisis
B. Aplstic crisis
C. Sequestration crisis
D. Hemolytic crisis
ANS: A

12. A 54 year old woman, known case of pernicious anaemia refuses to take hydroxocobalamin intramuscularly as she needle shy. She is asking for medication. What is the SINGLE best reason that describes why oral medical will not be effective:
A. Intrinsic factor deficiency
B. Increased gastric acidity
C. Lack of gastric acidity
D. Irritated gastric acidity
ANS: A

13. A 15 years old girls has menorrhagia and tendency to bleed from minor cuts and wounds. Lab investigation shows APTT and BT are prolonged. She is likely to be having
A. Factor XIII deficiency
B. Hemophilia A
C. Platelets functions defect
D. Von-willi brands disease
ANS: D

14. A 17 year old man with a petechial rash is otherwise completely well. He has no history bleeding recent illness or use of any medications. The examination of the peripheral smear is normal except for a virtual absence of platelets. The most like diagnosis in this patient is:
A. Permicious anemia
B. Idiophathic Thrombocytopenia purpura (ITP)
C. Drug induced thrombocytopenia
D. ALL
ANS: B

15. Mechanism of action of ondensetron is
A. 5 HT1 agonist
B. 5 HT2 antagonist
C. 5 HT3 antagonist
D. 5 HT3 agonist
ANS: C

**16.** **A 13-year old boy was brought to the clinic with complaints of severe episodes of pain in legs & abdomen since early childhood, chronic Pallor and increased susceptibility to infection. His hemoglobin electrophoresis revealed the abnormal presence of valine residue at position number 6 of beta chains. The most likely hemoglobin composition in this boy would be**

A. Hemoglobin C
B. Hemoglobin S
C. Hemoglobin D-Punjab
D. Fetal hemoglobin

**ANS: B**

**17.** **A 19-year old boy presented with one week history of shortness of breath and tiredness. His Hb was 7.2 g/dl (13-18., WCC 1.8X109(4-11x109.. The bone marrow biopsy showed hypo cellularity with increased fat spaces. Which of the following is the most likely diagnosis**

A. Aplastic anemia
B Leukemia
C. Lymphoma
D. Iron deficiency anemia

**ANS: A**

**18.** **All, of the Following Regarding Iron deficiency Anemia are true except**

A. Target cell
B. Spoon shaped Nail
C. Positive Osmotic Fragility test
D. MCV less than 80

**ANS: C**

**19.** **A know patient of haemophilia A being treated by factor VIII concentrates has stopped responding to this treatment and his condition is worsening. The most likely explanation to this phenomenon is:**

A. Neutralizing antibodies against factor VIII
B. Low dose of factor VIII
C. Expired factor VIII
D. Wrong diagnosis

**ANS: A**

**20.** **A 65 years old female with renal failure presents for hemodialysis. She is found to be anemic and is given a dose of erythropoietin along with her suual vitamins and mineral supplements. Erythropoietin stimulates which of the following intermediates in hematopoiesis?**

A. Basophilic erythroblasts
B. Colony forming units erythroid
C. Multiporential stem cells
D. Proerrythroblasts

**ANS: D**

**21.** **During the passage of an intravenous catheter, numerous endothelial cells are dislodged from the lining of the popliteal vein. What substance allows platelet adhesions to the exposed collagen?**

A. Factor VIII
B. Factor IX
C. Fibronectin
D. Von Willebrand factor

**ANS: D**

**22.** **Life span of Platelets is:**

A. 7 to 10 days
B. 15 to 18 days
C. 120 days
D. 100 to 110 days

**ANS: A**

**23.** **A 58 years old woman with chronic diarrhea and a history of gastric bypass surgery presents with anemia and neuropathy. Her hemoglobin is 9 g/dL, and MCV is 120 fL and Hypersegmented Neutrophil. What is the most likely cause?**

A. Vitamin B12 deficiency
B. Folate deficiency
C. Iron deficiency anemia
D. Aplastic anemia

**ANS: A**

24. A 40 years old man with Hb 8 g/dL and urine hemosiderin and Investigation show Defect in GPI. The most likely diagnosis is
A. Paroxysmal nocturnal hemoglobinuria (PNH.
B. Autoimmune hemolytic anemia
C. Microangiopathic hemolytic anemia
D. Iron deficiency anemia
ANS: A

25. A 25 years old woman with thrombosis and Recurrent history of abortion and investigation shows lupus anticoagulant. The most likely diagnosis is
A. Antiphospholipid syndrome
B. Protein S deficiency
C. Factor V Leiden
D. ATIII deficiency
ANS: A

26. A 30-year-old man with recurrent infections and neutropenia. Bone marrow shows promyelocytes with Auer rods. The diagnosis is:
A. Acute promyelocytic leukemia ( APL.
B. Acute lymphoblastic leukemia ( ALL
C. Chronic myelocytic leukemia ( CML .
D. Myeloproliferative disorder ( MDS.
ANS: A

27. A 44 years old woman presents with thrombocytopenia, microangiopathic hemolytic anemia, fever, renal failure, and neurological symptoms. What is the most appropriate treatment
A. IV heparin
B. Platelet transfusion
C. Plasma exchange
D. Fresh frozen plasma
ANS: C

28. A 50 years -old woman with fatigue and blurring of vision and investigation show monoclonal IgM spike. The diagnosis is
A. MGUS
B. Multiple myeloma
C. Waldenström macroglobulinemia
D. Amyloidosis
ANS: C

29. A 60-year-old man with bleeding gums and prolonged PT/aPTT. Mixing studies do *not correct. The diagnosis is:
A. DIC
B. Liver disease
C. Vitamin K deficiency
D. Factor VIII inhibitor
ANS: D

30. A 40-year-old man with weight loss and splenomegaly and investigation shows has WBC 200,000/µL with basophilia and LAP score 5. There is presence of Philadelphia chromosome The diagnosis is:
A. CML
B. CLL
C. AML
D. Polycythemia Vera
ANS: A

31. A 14-year-old boy presents with mild jaundice and splenomegaly. Peripheral smear shows spherocytes. His Coombs test is negative. What is the best next step?
A. Flow cytometry
B. Bone marrow biopsy
C. Osmotic fragility test
D. Serum electrophoresis
ANS: C

32. The inheritance natures of Hereditary Spherocytosis is
A. X linked Dominant
B. X linked recessive
C. Autosomal dominant
D. Atusomal Recessive
ANS: C

33. A 28-year-old man presents with easy bruising and bleeding. Labs show low fibrinogen, prolonged PT and aPTT, and increased D-dimer. What is the most likely diagnosis?
A. Hemophilia A
B. Disseminated intravascular coagulation (DIC.
C. Von Willebrand disease
D. Heparin-induced thrombocytopenia (HIT.
ANS: B

**34. A 25-year-old woman with hemolytic anemia and CD55/CD59 deficiency. The diagnosis is:**

A. Paroxysmal nocturnal Hemoglobinueia (PNH .
B. AIHA
C. G6PD deficiency
D. Hereditary spherocytosis
ANS: A

**35. All of the following G6PD deficiency are true except**

A. Heinz bodies are present
B. X linked recessive in nature
C. Predominately extra vascular hemolysis
D. Bite cell are present
ANS: C

**36. A 50-year-old man presents with weight loss, fever, and massive splenomegaly. His CBC shows pancytopenia. Bone marrow biopsy reveals dry tap and hairy projections on lymphocytes. What is the most likely diagnosis**

A. Hairy cell leukemia
B. Chronic lymphocytic leukemia (CLL)
C. Myelofibrosis
D. Acute myeloid leukemia (AML)
ANS: A

**37. A 60-year-old man with Hb 7 g/dL, MCV 105 fL, and megaloblastic marrow. Serum folate is normal, but $B_{12}$ is low. The diagnosis is:**

A. Copper deficiency
B. Folate deficiency
C. Myelodysplastic syndrome
D. Pernicious anemia
ANS: D

**38. A 32-year-old man presents with recurrent nosebleeds and easy bruising. His platelet count is 20,000/μL. Bone marrow biopsy is normal. What is the first-line treatment?**

A. Rituximab
B. Platelet transfusion
C. IV immunoglobulin
D. Corticosteroids
ANS: A

**39. A 65-year-old man presents with hypercalcemia, renal failure anemia, and bone pain. Serum protein electrophoresis shows an M-spike. What is the most likely diagnosis?**

A. Multiple myeloma
B. Waldenström macroglobulinemia
C. Chronic lymphocytic leukemia (CLL)
D. Polycythemia vera
ANS: B

**40. All of the following regarding Polycythemia are true except**

A. Jak2 kinase mutation present
B. Symptom of Hyper viscosity
C. Erythropoitin is high
D. Treated by Phlebotomy
ANS: C

**41. A 30-year-old woman presents with thrombosis and recurrent pregnancy loss. Her lupus anticoagulant test is positive. What is the best initial treatment?**

A. Low molecular weight heparin (LMWH. and aspirin)
B. Warfarin
C. Clopidogrel
D. Fresh frozen plasma
ANS: A

**42. A 70 year-old man with chronic liver disease presents with bleeding gums and bruising. His PT and aPTT are both prolonged. What is the best initial treatment?**

A. Fresh frozen plasma (FFP)
B. Vitamin K
C. Platelet transfusion
D. Factor VIII concentrate
ANS: A

**43. All of the following regarding Heparin are true except:**

A. Safe in pregnancy
B. Inhibit anti thrombin III
C. Antidote is protamine sulfate
D. Site of action is blood
ANS: B

**44.** **A 52 years old woman with thrombosis and heparin-induced thrombocytopenia (HIT). The best treatment is:**

A. Warfarin
B. Direct oral anticoagulant (DOAC)
C. Argatroban
D. Aspirin
ANS: C

**45.** **The agents which block the tyrosine kinase is Imatinib used in the treatment of**

A. CML
B. CLL
C. ALL
D. AML
ANS: A

**46.** **A 10-year-old African-American boy presents with severe pain in his hands and feet. His blood smear shows sickle-shaped RBCs. What is the best initial treatment**

A. Hydroxyurea
B. IV fluids, oxygen, and analgesia
C. Bone marrow transplant
D. Erythropoietin
ANS: B

**47.** **A 40-year-old man with hepatosplenomegaly and tear-drop cells on peripheral smear. The diagnosis is:**

A. CML
B. Myelofibrosis
C. Thalassemia
D. Hemochromatosis
ANS: A

**48.** **A 36 years old woman with fatigue and pancytopenia. Bone marrow shows hypocellularity. The diagnosis is:**

A. MDS
B. Aplastic anemia
C. Leukemia
D. Myelofibrosis
ANS: B

**49.** **A 48-year-old woman presents with lethargy and pallor. Bone marrow biopsy shows >20% blasts.Flow cytometry confirms myeloid lineage. What is the most likely diagnosis?**

A. Acute myeloid leukemia (AML)
B. Chronic myeloid leukemia (CML)
C. Acute lymphoblastic leukemia (ALL)
D. Myelodysplastic syndrome
ANS: A

**50.** **A 55 -year-old man with night sweats and Reed-Sternberg cells on lymph node biopsy. The diagnosis :**

A. Hodgkin lymphoma
B. Non-Hodgkin lymphoma
C. Multiple myeloma
D. CLL
ANS: A

**51.** **A 58 year-old man presents with headaches, dizziness, and pruritus after a hot shower. His hematocrit is 60%. JAK2 mutation is positive. What is the most appropriate treatment?**

A. Phlebotomy and aspirin
B. Iron supplementation
C. Hydroxyurea
D. Bone marrow transplant
ANS: A

**52.** **All of the following regarding intrinsic pathway are true except**

A. Start from factor XII
B. Screen by APTT
C. Screen by PT
D. Factor VIII is it part
ANS: C

**53.** **A 45-year-old woman with rheumatoid arthritis presents with anemia. Her labs show hemoglobin 9 g/dL, MCV 85 fL, ferritin 200 ng/mL, and serum iron 30 µg/dL. What is the most likely diagnosis?**

A. Anemia of chronic disease
B. Iron deficiency anemia
C. Sideroblastic anemia
D. Thalassemia
ANS: B

**54. A 25-year-old woman with epistaxis and prolonged bleeding time. Platelet count is normal. There is defect in GPIIb/IIIa The diagnosis is:**

A. Bernard-Soulier syndrome
B. Glanzmann thrombasthenia
C. vWD
D. ITP
ANS: B

**55. A 50-year-old man with Hb 10 g/dL, MCV 75 fL, and elevated HbA2. The diagnosis is:**

A. β-thalassemia trait
B. Iron deficiency anemia
C. α-thalassemia
D. Sideroblastic anemia
ANS: A

**56. A 55-year-old smoker with polycythemia (Hb 19 g/dL. and JAK2 mutation. The diagnosis is:**

A. Polycythemia vera
B. Secondary polycythemia
C. Relative polycythemia
D. CML
ANS: A

**57. A 30-year-old pregnant woman presents with thrombocytopenia, hemolysis, and elevated LDH. Peripheral smear shows schistocytes. The diagnosis is:**

A. ITP
B. TTP
C. AFLP
D. HELLP syndrome
ANS: D

**58. A 10-year-old boy with hemarthrosis has prolonged aPTT that corrects with factor VIII replacement. The diagnosis is:**

A. Hemophilia A
B. Hemophilia B
C. von Willebrand disease
D. Factor VII deficiency
ANS: A

**59. GpIb receptor express on surfac of Von Willi brand factor which help in which of the following**

A. Platelets Adhesion
B. Platelets aggregation
C. Platelets plug formation
D. Vasoconstriction
ANS: A

**60. A 60 years old male in being treated with Methotrexate as anti cancer agent has misunderstood the direction of therapy taking 40 mg dose rather than 10 mg per weeek. Present with glossitis and severe mouth ulcer. Which of the following will b rescue medication in this condition:**

A. Viramin C
B. Vitamin B12
C. Niacin
D. Folinic acid
ANS: D

**61. Factor IX replacement is the therapy of choice in which of the following condition**

A. Hemophilia A
B. Hemophilia B
C. Hemophilia C
D. Von Willi brand disease
ANS: B

**62. A 72 year old woman is found to have a marked lymphocytosis associated with smudge cells on the blood film. A diagnosis of chronic lymphocytic leukaemia (CML. is suspected. Which one of the following is the investigation of choice?**

A. Immunophenotyping
B. Bone marrow aspiration
C. Protein electrophoresis
D. Bone marrow trephine
ANS: A

**63. A 52-year old man with a history of anaemia and abdominal discomfort is diagnosed as having chronic myeloid leukemia (CML.. What is the mechanism of action of imatinib?**

A. EGF receptor antagonist
B. Tyrosine kinase inhibitor
C. Anti-CD52 monoclonal antibody
D. p53 inhibitor
ANS: B

64. A 22-year old man with sickle cell anaemia presents with pallor, lethargy and a headache. Blood results. Hb=4.6 g/dl 1355. Reticulocytes =3%. Infection with a parvovirus is suspected. What is the likely diagnosis?

A. Thrombotic crisis
B. Sequestration crisis
C. Haemolytic crisis
D. Aplastic crisis

ANS: D

65. All of the following regarding Warfarin are true except

A. Inhibit synthesis of vit.K
B. Measured by APTT
C. Teratogenic in nature
D. For rapid reversal give FTP

ANS: B

66. Andexanet alfa is the antidote use to reverse toxicity of which of the following

A. Warfarin
B. Heparin
C. ApiXaban
D. Enoxaparin

ANS: C

67. An 8-year old boy from Eastern Europe presents with severe swelling and warmth of his knee several hours after a minor "bump" against a lamppost. What is the most accurate diagnostic test for his presentation?

A. Factor VIII
B. Factor ID
C. Factor X
D. Factor XI

ANS: A

68. A 33-year old woman was admitted to the hospital for anticoagulation after a PE. On day 4 of her stay, her platelet level from 150,000 to 60,000/mm3 and her INR remains <2. What is the next best step, and what complications can result from this condition?

A. Bleeding
B. Infection
C. Thrombosis
D. Allergy

ANS: C

69. All of the following thrombotic thrombocytopenic purpura (TTP) are true except

A. Defect in ADAMTS13
B. Hemolytic Anemia
C. Associated With H. Pylori
D. Plasma exchange is the treatment of choice

ANS: C

70. An 8-year old girl presents to the ED with 2 days of fever, vomiting, bloody diarrhea, and irritability. She began feeling unwell after attending a classmate's birthday party. Her labs reveal thrombocytopenia, an creatinine level and schistocytes. What is the next best step?

A. Antibiotics
B. Supportive therapy
C. Anti histamine
D. Antacid

ANS: B

71. A 49-year old man comes into the clinic complaining of "tiredness" over the last several months. His past medical history is significant for hypertension, diabetes mellitus, and alcohol abuse. A CBC reveals a low hemoglobin and an MCV of 115. What is the most likely cause of his anemia?

A. Vitamin B12 deficiency
B. Vitamin B9 deficiency
C. Vitamin C deficiency
D. Vitamin E deficiency

ANS: B

72. A black male patient Presenting with Fatigue, dark urine and shortness of Breath after taking Sulfonamide most likely diagnosis is

A. G6PD deficiency
B. Hereditary Spherocytosis
C. Thalassemia
D. Anemia of Chronic disease

ANS: A

73. A 30-year old man from Greece comes to your office complaining of chronic fatigue. He has no significant past medical history and is on no medications. A CBC shows hemoglobin of 10.4 and MCV of 71. You start him on oral iron supplements and see him back in 4 weeks with no change in the CBC. What is the most likely diagnosis?

A. Beta thalassemis minor
B. Beta thalassemia major
C. Alpha thalassemia
D. Alpha thalassemia trait
ANS: A

74. A 35-year old man is airlifted to the ED after a motor vehicle accident. He requires multiple transfusions, which stabilize his BP and hemoglobin. The following morning, he is transferred to his hospital room, where he begins to complain of numbness in his fingers. A prolonged QT interval is noted on an ECG. What is the most likely diagnosis?

A. Hypocalcemia
B. Hylercalcemia
C. Hypoglycemia
D. Hyperglycemia
ANS: A

75. A 41-year old man is diagnosed with acute myelogenous leukemia (AML.. Fluorescence in situ hybridization (FISH. analysis reveals that he has acute promyelocytic leukemia (APL., FAB subtype M3. What is the preferred therapy for this subtype of AML?

A. Vitamin C
B. All trans retinoic acid (ATRA.
C. Vitamin D
D. Vitamin B12
ANS: B

76. Ah 80 year old man is seen in your clinic after an incidental finding of elevated IgG on a recent hospital admission for pneumonia. He has no signs of kidney damage, anemia, or bone lesions. The IgG level is 210 mg/dL, and a subsequent bone marrow biopsy shows 3% plasma cells. What is the next best step?

A. Immunotherapy
B. Bone marrow transplant
C. No active treatment required
D. Methotrexate
ANS: C

77. The therapeutic antibody use in the treatment of PNH is:

A. Denosomab
B. Eculizumab
C. Omalizumab
D. Nitalizumab
ANS: B

78. A 29-year old woman with a history of bipolar disorder presents to the emergency department with altered mental status. On exam, she has dry mucous membranes and skin turgor with a BP of 92/40 mm Hg and HR of 106 bpm. Her serum sodium level is 154 mEq/L. What is the next best step in management?

A. Salbutamol
B. Theophyline
C. Urgent intubation
D. Budesonide
ANS: C

1. What is the most probable reason for low serum potassium (hypokalemia. in a 33-year-old male with a three-day history of diabetes, severe diarrhea, and a urinary tract infection?

A. Diabetes mellitus
B. Diarrhoea
C. Fever
D. Infection
ANS: B

2. Which anatomical structure plays a crucial role in preventing the bilateral spread of infection in a 45-year-old male with a unilateral right-sided perinephric abscess associated with high-grade fever, as revealed by ultrasound investigations?

A. Renal sinus
B. Renal Fascia
C. Perinepheric fat
D. Periuretertic fascia
ANS: B

3: A 60-year-old man presents with complaints of leg pain and lethargy. Laboratory results show a serum calcium level of 7.7 mg/dl and high serum phosphate levels. What is the most probable diagnosis?

A. Carcinoma of ampula of vater
B. Chronic Renal Failure
C. Hypoparathyroidism
D. Nephritic Syndrome
ANS: B

4: Which of the following is the most probable cause of renal osteodystrophy in a 49-year-old man with chronic renal failure, who is experiencing joint pain and fragility fractures even with minor injuries?

A. Hyperparathyroidism
B. Hypocalcemia
C. Hypoproteinemia
D. low 1,25-dihyroxy vitamin D3
ANS: D

5: A 36-year-old female patient has presented with acute oliguric renal failure. Her ECG indicates hyperkalemia, with a predominant widening of the QRS complex. What is the immediate recommended treatment?

A. Intravenous Calcium
B. Dialysis
C. Intravenous Furosemide
D. Hypertonic sodium bicarbonate
ANS: A

6: Which specific region of the kidney is most likely to be affected in a young female who has developed acute renal failure following postpartum hemorrhage?

A. Proximal convoluted tubules
B. Loop of henle
C. Collecting tubules
D. Distal convoluted tubules
ANS: A

7: Which of the following is the most likely diagnosis for a 41-year-old man who presents with complaints of swollen ankles, marked lower extremity edema, and periorbital swelling, along with a urine dipstick showing 4+ protein but negative for blood and glucose, and a 24-hour urine collection indicating proteinuria of 6 grams per day?

A. Diabetic nephropathy
B. Membranoproliferative glomerulonephritis
C. Membranous glomerulonephritis
D. Minimal change disease
E. Berger disease
ANS: C

**8:** **A 25-year-old male recently visited the emergency room with several concerning symptoms, including bilateral pedal edema, peri-orbital edema for the past 3 days, oliguria (reduced urine output., blood in urine, and lumbar pain that has persisted for 2 days. Notably, he had a history of a sore throat about a week ago and no pre-existing health conditions. His blood pressure at the time of examination was measured at 160/100 mmHg, and a urine dipstick test revealed hematuria (blood in the urine., proteinuria (2 grams per deciliter., the presence of RBC (red blood cell. casts, and WBC (white blood cell. casts in the urine. What is the most likely diagnosis for this patient?**

A. Acute glomerulonephritis
B. Acute nephritic syndrome
C. Acute nephrotic syndrome
D. Acute tubular necrosis

**ANS: B**

**9:** **Which of the following best describes the condition of anuria in terms of daily urine output?**

A. Exceeding 5 liters
B. Falling below 500 ml
C. Remaining at approximately 1 liter
D. Remaining between 1,500 ml and 2 liters

**ANS: B**

**10:** **A 25-year-old male presents to the outpatient department with a 3-day history of diarrhea, vomiting, and 1 day of oliguria. Upon examination, the patient is found to be dehydrated, with a pulse rate of 110 beats per minute and a blood pressure of 90/60 mmHg. Laboratory results show a total leukocyte count (TLC. of 13,000/cm, with a serum electrolyte profile revealing sodium (Na. at 135 mmol/l, potassium (K. at 5 mmol/l, chloride (Cl. at 98 mmol/l, urea at 110 mg/dl, and creatinine (Cr. at 5.2 mg/dl. What is the most likely diagnosis?**

A. Acute glomerulonephritis
B. Acute tubular necrosis
C. Azotemia
D. Interstitial nephritis

**ANS: B**

**11:** **A 25-year-old man developed oliguria 10 hours after undergoing a splenectomy for trauma. He has been receiving 100 ml of normal saline per hour, and there has been no fluid drainage from the drains. What is the best course of action for managing oliguria in this patient?**

A. Blood transfusion
B. Diuretics
C. Haemodialysis
D. Immediate circulatory volume expansion

**ANS: D**

**12.** **In a patient with metabolic alkalosis.**

A. HCO3 of arterial blood is decreased
B. Kidney retain bicarbonate
C. Urine becomes alkaline
D. H+ is secreted from blood to renal tubules

**ANS: A**

**13.** **The potassium in the renal tubule is:**

A. Only filtered and secreted
B. Only filtered and reansorbed
C. Filtered, reabsorbed and secreted
D. Only secreted

**ANS: C**

**14.** **A 70-year-old man with prostate cancer presents with worsening back pain and acute kidney injury. His calcium level is 12.5 mg/dL. What is the most likely cause of his kidney injury**

A. Hypercalcemia-induced nephropathy
B. Post-renal obstruction
C. Acute glomerulonephritis
D. Nephrotic syndrome

**ANS: A**

**15.** **A 5 years old child presents with an abdominal mass, hematuria, and hypertension. Imaging reveals a unilateral renal tumor. What is the most likely diagnosis**

A. Wilms tumor
B. Neuroblastoma
C. Polycystic kidney disease
D. Hydronephrosis

**ANS: A**

16. A 19-year-old man presents with hearing loss, hematuria, and progressive renal dysfunction. What is the most likely diagnosis?

A. Alport syndrome
B. Fabry disease
C. IgA nephropathy
D. Goodpasture syndrome
ANS: A

17. A 70 years old man presents with polyuria, polydipsia, and nocturia. Labs show hypernatremia and low urine osmolality. His symptoms improve with desmopressin.What is the most likely diagnosis?

A. Central diabetes insipidus
B. Nephrogenic diabetes insipidus
C. SIADH
D. Psychogenic polydipsia
ANS: A

18. A 68 years old man presents with gross hematuria and a palpable right-sided abdominal mass. He has a history of smoking. What is the most likely diagnosis?

A. Bladder cancer
B. Renal cell carcinoma
C. Wilms tumor
D. Polycystic kidney disease
ANS: B

19. A 25-year-old woman presents with severe flank pain and fever. Urinalysis shows pyuria and WBC casts. What is the most likely diagnosis?

A. Acute glomerulonephritis
B. Cystitis
C. Acute pyelonephritis
D. Nephrotic syndrome
ANS: A

20. All of the following regarding Nephrotic Syndrome are true Except

A. Edema
B. Hyperlipidemia
C. Mild proteinuria ( < 1.5 gm/day.
D. Loss of anti thrombin III
ANS: C

21. A 58-year-old man with diabetes presents with worsening kidney function. His urinalysis shows microalbuminuria. What is the most appropriate first-line treatment?

A. ACE inhibitors
B. Calcium channel blockers
C. Beta-blockers
D. Loop diuretics
ANS: A

22. Which of The following Conditions increase Risk of Nephrolithiasis ( Kidney Stone. Formation

A. Renal tubular acidosis type - II
B. Renal Tubular acidosis type I
C. Renal Tubular acidosis type IV
D. Acute Tubular Necrosis
ANS: B

23. A 38 years old man presents with hypertension, flank pain, and hematuria. His father had similar symptoms. An ultrasound shows bilateral enlarged kidneys with multiple cysts. What is the most likely diagnosis

A. Autosomal dominant polycystic kidney disease
B. Autosomal recessive polycystic kidney disease
C. Medullary sponge kidney
D. Renal cell carcinoma
ANS: A

24. A 3-year-old child presents with pallor, fatigue, and decreased urine output following a diarrheal illness. Labs show anemia, thrombocytopenia, and elevated creatinine. What is the most likely diagnosis?

A. Hemolytic uremic syndrome (HUS.
B. Acute glomerulonephritis
C. Nephrotic syndrome
D. Wilms tumor
ANS: A

25. A 75-year-old woman presents with confusion and lethargy and weight loss along with history of Hemoptysis. Her sodium level is 118 mEq/L. Urine osmolality is high. What is the most likely cause

A. Diabetes insipidus
B. Syndrome of inappropriate antidiuretic hormone (SIADH.
C. Dehydration
D. Psychogenic polydipsia
ANS: B

26. A 40 years -old woman with lupus develops proteinuria, hematuria, and hypertension. Renal biopsy shows wire-loop lesions. What is the most likely diagnosis

A. Lupus nephritis
B. IgA nephropathy
C. Goodpasture syndrome
D. Minimal change disease
ANS: A

27. All of The following regarding PCT part of Nephron are true except

A. Maximum reabsorbption occur
B. Help in vitamin D activation
C. Main site for Aldosterone action
D. Contain Brush Borders
ANS: C

28. A 6 year-old boy presents with periorbital edema and frothy urine. Urinalysis reveals massive proteinuria (>3.5 g/day. and hypoalbuminemia. What is the most likely diagnosis?

A. IgA nephropathy
B. Acute post-streptococcal glomerulonephritis
C. Minimal change disease
D. Membranous nephropathy
ANS: C

29. A 68 year-old man presents with hematuria, flank pain, and an abdominal mass. CT scan reveals a solid renal mass. What is the most likely diagnosis?

A. Poly cystic kidney disease
B. Wilms tumor
C. Angiomyolipoma
D. Renal cell carcinoma
ANS: D

30. A 42-year-old woman with a history of recurrent UTIs presents with fever, flank pain, and costovertebral angle tenderness. What is the most likely diagnosis?

A. Urethritis
B. Cystitis
C. Acute pyelonephritis
D. Renal abscess
ANS: C

31. A 52 year-old hypertensive man develops sudden onset oliguria, elevated creatinine, and hematuria. He recently started an ACE inhibitor. What is the most likely underlying condition?

A. Acute Tubular necrosis
B. Renal artery Stenosis
C. Goodpasture syndrome
D. Membranoproliferative glomerulonephritis
ANS: B

32. A 70-year-old man with BPH presents with difficulty urinating, suprapubic pain, and bilateral hydronephrosis on ultrasound. What is the most likely cause of his renal dysfunction?

A. Postrenal obstruction
B. Acute tubular necrosis
C. Glomerulonephritis
D. Nephrotic syndrome
ANS: A

33. A 19-year-old male presents with recurrent episodes of gross hematuria following upper respiratory infections. What is the most likely diagnosis?

A. IgA nephropathy
B. Post-streptococcal glomerulonephritis
C. Alport syndrome
D. Lupus nephritis
ANS: A

34. A 30-year-old woman presents with hemoptysis and hematuria. Renal biopsy shows linear IgG deposits on immunofluorescence. What is the diagnosis?

A. IgA nephropathy
B. Granulomatosis with polyangiitis
C. Goodpasture syndrome
D. Lupus nephritis
ANS: C

35. A 50-year-old man presents with edema and frothy urine. Renal biopsy shows thickened glomerular basement membrane with subepithelial deposits. What is the diagnosis?

A. Membranous nephropathy
B. Minimal change disease
C. Diabetic nephropathy
D. Post-streptococcal glomerulonephritis
ANS: A

36. A patient with chronic kidney disease presents with hypocalcemia and hyperphosphatemia. What is the underlying pathophysiology?

A. increase Calcitriol
B. Secondary Hyper parathyrodoism
C. Hyperaldosteronism
D. Renal tubular acidosis
ANS: B

37. A 25-year-old man presents with bilateral flank pain and hematuria. His father had a history of renal failure. Ultrasound shows multiple renal cysts. What is the most likely diagnosis?

A. Autosomal dominant polycystic kidney disease (ADPKD.
B. Autosomal recessive polycystic kidney disease (ARPKD.
C. Multicystic dysplastic kidney
D. Medullary sponge kidney
ANS: A

38. A 30-year-old woman presents with painless hematuria. Urinalysis reveals dysmorphic RBCs and RBC casts. What is the most likely diagnosis?

A. Glomerulonephritis
B. Cystitis
C. Urolithiasis
D. Bladder cancer
ANS: A

39. A 40-year-old man with a history of recurrent kidney stones has a pH of 5.0 and radiolucent stones on X-ray. What type of stones does he likely have?

A. Uric acid stones
B. Calcium oxalate stones
C. Struvite stones
D. Cystine stones
ANS: A

41. A patient with CKD is found to have anemia. What is the most likely cause?

A. Erythropoietin deficiency
B. Iron deficiency
C. Vitamin B12 deficiency
D. Hemolysis
ANS: A

42. A patient with lupus presents with renal failure. What type of renal disease is most commonly seen in lupus?

A. Diffuse proliferative glomerulonephritis
B. Membranous nephropathy
C. Minimal change disease
D. Focal segmental glomerulosclerosis
ANS: A

43. A patient with a renal transplant develops fever and oliguria. What is the first step in management

A. Renal biopsy
B. Increase immunosuppressants
C. Hydration
D. Start antibiotics
ANS: A.

44. A 3-year old girl presents with generalized edema shortly after recovery from an upper respiratory infection. Laboratory studies reveal marked albuminuria, as well as hypoalbuminemia and hyperlipidemia. Prior similar episodes responded to adrenal steroid similar episodes responded to adrenal steroid medication. The most likely diagnosis is:

A. Focal segmental glomerulosclerosis
B. Membranous glomerulonephritis
C. Minimal change disease
D. Poststreptococcal glomerulonephritis
ANS: C

45. A 5-year old boy presents with hema-turia. His mother states that he has had a sore throat for the past 2 days and that he has had hematuria a few times in the past, also concomitantly with a sore throat. She states that his urine usually returns to a normal clear yellow color after a few days. Which of the following is the most likely diagnosis?

A. Alport syndrome
B. Goodpasture syndrome
C. IgA nephropathy
D. Membranoproliferative glomerulonephritis

ANS: C

## IM RESPIRATORY SYSTEM

1. A 68-year-old man presents with hemoptysis, weight loss, and a lung mass on CT scan. His serum calcium is elevated. What is the most likely paraneoplastic syndrome

A. Hypercalcemia due to PTHrP secretion
B. SIADH
C. Lambert-Eaton syndrome
D. Cushing's syndrome

ANS: A

2. A 49 years old farmer presents with recurrent episodes of dyspnea, cough, and fever. He reports working with hay and birds. Chest X-ray shows diffuse ground-glass opacities. What is the most likely diagnosis

A. Hypersensitivity pneumonitis
B. Tuberculosis
C. Asthma
D. COPD

ANS: A

3. A 60-year-old man presents with progressive exertional dyspnea. He has worked in shipbuilding for 30 years. Chest X-ray reveals pleural plaques. What is the most likely diagnosis

A. Silicosis
B. Asbestosis
C. Coal worker's pneumoconiosis
D. Hypersensitivity pneumonitis

ANS: B

4. A 58-year-old man with COPD presents with acute confusion and respiratory distress. ABG shows pH 7.28, $PaCO_2$ 60 mmHg, and $PaO_2$ 55 mmHg. What is the most likely acid-base disorder

A. Respiratory alkalosis
B. Respiratory acidosis
C. Metabolic acidosis
D. Metabolic alkalosis

ANS: B

5. A 62 years old with stridor and a tracheal mass on CT. The best next step is

A. Bronchoscopy
B. Biopsy
C. Emergent tracheostomy
D. Radiotherapy

ANS: B

6. A 58-year-old with asbestos exposure and chest pain. Imaging shows pleural thickening and calcification. The diagnosis is

A. Benign pleural plaques
B. Mesothelioma
C. Lung cancer
D. Tuberculous pleurisy

ANS: A

7. A 35-year-old with fever, night sweats, and cavitary lung lesions. Sputum AFB is positive. The diagnosis is

A. Tuberculosis
B. Lung abscess
C. Wegener's granulomatosis
D. Aspergilloma

ANS: A

8. A 62-year-old with orthopnea, paroxysmal nocturnal dyspnea, and bibasilar crackles. The diagnosis is:

A. COPD
B. Asthma
C. Heart failure
D. Pneumonia

ANS: C

9. A 60-year-old with chronic cough with copious amount of sputum production and "tree-in-bud" opacities on CT. The diagnosis is:

A. Bronchiectasis
B. Tuberculosis
C. Chronic bronchitis
D. Lung cancer

ANS: A

10. Which of the Following therapeutic antibody use in the treatment of Bronchial Asthma

A. Natalizumab
B. Omalizumab
C. Pavalizumab
D. Denosumab
ANS: B

11. A 45 years old with sudden dyspnea and right ventricular strain on ECG. CTPA shows filling defects in segmental arteries. The diagnosis is

A. Pulmonary embolism
B. Myocardial infarction
C. Pneumothorax
D. Aortic dissection
ANS: A

12. A 36 years old HIV-positive patient presents with progressive dyspnea, fever, and a non-productive cough. Chest X-ray shows bilateral interstitial infiltrates. What is the most likely diagnosis?

A. Pneumocystis jirovecii pneumonia
B. Tuberculosis
C. Bacterial pneumonia
D. Aspergillosis
ANS: A

13. A 10 year old child with a history of asthma on daily fluticasone has been using an albuterol inhaler once a day for several weeks. What changes should be made to the current regimen?

A. ICS and Salmetrol
B. ICS and Theophyline
C. Salbutamol & Omalizumab
D. ICS and Salbutamol
ANS: A

14. A 10-month-old infant presents with fever, wheezing, and respiratory distress. Nasopharyngeal swab tests positive for RSV. What is the best initial treatment?

A. Supportive care with oxygen and fluids
B. Antibiotics
C. Systemic steroids
D. Bronchodilators
ANS: A

15. Which of the following ia the causative agent for Bronchiolitis in Children

A. Measles
B. Influenza
C. Respiratory synctial virus
D. Rubella
ANS: C

16. A 60 year-old with COPD and cor pulmonale has jugular venous distension and peripheral edema. The best treatment is

A. Furosemide
B. Supplemental oxygen
C. Beta-blockers
D. ACE inhibitors
ANS: B

17. A 45-year-old man presents with chronic cough, fever, and cavitary lung lesions on a chest X-ray. He has a history of poorly controlled diabetes. What is the most likely organism

A. Mycobacterium tuberculosis
B. Streptococcus pneumoniae
C. Histoplasma capsulatum
D. Aspergillus fumigatus
ANS: A

18. A,32 -years old with fever, cough, and bilateral hilar lymphadenopathy. ACE levels are elevated. The diagnosis is

A. Sarcoidosis
B. Tuberculosis
C. Lymphoma
D. Coccidioidomycosis
ANS: A

19. A 25 year old African - American woman presents with painful bumps on her shins, weight loss, and cough. Exam reveals a prominent 1-cm righ axillary lymph node. What is the next best step for diagnosis?

A. Lymph nodes biopsy
B. Chest X ray
C. Serum CRP
D. Antibody test
ANS: A

20. A 60-year-old with lung cancer develops Horner syndrome and arm pain. The most likely tumor location is
A. Pancoast tumor
B. Central bronchial tumor
C Mediastinal lymphadenopathy
D. Pleural mesothelioma
ANS: A

1. A 25 year old woman presents with dyspnea, chest pain, and leg pain. She takes birth control pills regularly. She returned from Asia 3 days ago. What is the next step?
A. Warfarin
B. Clopidogrel
C. Heparin Bolus
D. Dabigatran
ANS: C

2. A 22-year-old man presents with sudden-onset chest pain and shortness of breath. He has a history of Marfan syndrome. His breath sounds are absent on the right side. What is the next best step.
. Needle decompression
. Chest X-ray
. Bronchoscopy
. CT scan of the chest
NS: A

3. A 32-year-old obese man presents with daytime sleepiness and loud snoring at night. His wife reports periods where he stops breathing while sleeping. What is the most appropriate initial test
. Polysomnography
. Chest X-ray
. Pulmonary function testing
. ABG analysis
NS: A

4. A 48 years old woman presents with progressive exertional dyspnea. Echocardiography reveals an elevated pulmonary artery pressure. She has no history of lung disease. What is the most likely diagnosis
. Primary pulmonary hypertension
. COPD
. Pulmonary embolism
. Sarcoidosis
NS: A

25. A 46 years old woman presents with hemoptysis, dyspnea, and renal failure. Labs show c-ANCA positivity. The diagnosis is
A. Granulomatosis with polyangiitis (GPA.
B. Microscopic polyangiitis (MPA.
C. Eosinophilic granulomatosis with polyangiitis (EGPA.
D. Goodpasture syndrome
ANS: A

26. A 72 years old ICU patient on mechanical ventilation develops fever, purulent tracheal secretions, and worsening hypoxia. What is the most likely diagnosis
A. Ventilator-associated pneumonia ( VAP.
B. ARDS
C. Pulmonary embolism
D. Pneumothorax
ANS: A

27. A 40-year-old with occupational exposure to silica presents with nodules on CXR and restrictive PFTs. The diagnosis is
A. Silicosis
B. Asbestosis
C. Coal worker's pneumoconiosis
D. Berylliosis
ANS: A

28. A 65-year old patient with a 30 pack year history presents with a 2-week history of facial swelling. Biopsy reveals a hilar SCLC. What is the next step in treatment?
A. Radiotherapy
B. Chemotherapy
C. Surgery
D. Ablation
ANS: B

29. All of them following factors Shift O2 - Hb curve to right Except
A. Strenuous Exercise
B. Fetal hemoglobin ( HbF.
C. Fever
D. Acidosis
ANS: B

**30.** **All of the following regarding Small Cell Lung Carcinoma are true except**

A. Ectopic production of ADH
B. Anti voltage gated Calcium channel antibody
C. Ectopic PTHrp release
D. Ectopic ACTH production
ANS: C

**31.** **A 65-year-old man presents with dyspnea and pleuritic chest pain. A chest X-ray shows a right-sided pleural effusion. Thoracentesis reveals a pleural fluid protein-to-serum protein ratio of 0.7, and LDH is elevated. What is the most likely cause**

A. Tuberculosis
B. Congestive heart failure
C. Cirrhosis
D. Nephrotic syndrome
ANS: A

**32.** **A 66 years old with progressive dyspnea and fine bibasilar crackles. HRCT shows reticular opacities and honeycombing. The diagnosis is:**

A. Idiopathic pulmonary fibrosis (IPF.
B. Sarcoidosis
C. Hypersensitivity pneumonitis
D. COPD
ANS: A

**33.** **A 30 years old with sudden-onset pleuritic chest pain and dyspnea. CXR shows a 2 cm pneumothorax. The best management is:**

A. Needle aspiration
B. Chest tube insertion
C. Observation with high-flow oxygen
D. Heimlich valve placement
ANS: C

**34.** **A 36 years old man presents with hemoptysis and hematuria. He has anti-glomerular basement membrane (anti-GBM. antibodies. What is the most likely diagnosis?**

A. Goodpasture syndrome
B. Wegener's granulomatosis
C. Tuberculosis
D. Pulmonary embolism
ANS: A

**35.** **A 46 years old woman presents with non-caseating granulomas on a lung biopsy. She also has erythema nodosum and hypercalcemia from last few months . What is the most likely diagnosis**

A. Sarcoidosis
B. Tuberculosis
C. Pneumoconiosis
D. Aspergillosis
ANS: A

**36.** **A 55 years old man with a history of smoking presents with clubbing and digital cyanosis. Chest X-ray shows a mass near the hilum. What is the most likely lung cancer type**

A. Small cell lung cancer
B. Adenocarcinoma
C. Squamous cell carcinoma
D. Large cell carcinoma
ANS: A

**37.** **A 64 years old man presents with sudden-onset pleuritic chest pain and hemoptysis. His heart rate is 110/min, and he has a history of recent prolonged immobility What is the most likely diagnosis**

A. Pulmonary embolism
B. Pneumonia
C. Myocardial infarction
D. Pneumothorax
ANS: A

**38.** **A 55 years old woman presents with chronic productive cough with foul-smelling sputum. A chest CT shows dilated bronchi with thickened walls. What is the most likely diagnosis?**

A. Bronchiectasis
B. Chronic bronchitis
C. Pneumonia
D. Tuberculosis
ANS: A

**39. A 28 years old male presents with wheezing, chest tightness, and shortness of breath, which worsens at night. Spirometry shows an obstructive pattern that improves with bronchodilators. What is the most likely diagnosis?**

A. Asthma
B. COPD
C. Pulmonary embolism
D. Pneumonia

ANS: **A**

**40. The amount of air that can't exhale out of Lungs even after forcefull expiration is**

A. Tidal volume
B. Inspiratory Reserve volume
C. Expiratory Reserve Volume
D. Residual Volume

ANS: **D**

**41. Surfactant molecules decreased surface tension and Prevent Lung from collapse which is produce by which of the following**

A. Pneumocyte, type II
B. Pneumocytes type I
C. Bronchi
D. Bronchioles

ANS: **A**

# INFECTIOUS DISEASES

1. A 42 -year-old with fever and cough. Chest X-ray shows "round" pneumonia. The diagnosis is:

A. Streptococcus pneumoniae
B. Pseudomonas aeruginosa
C. Mycoplasma pneumoniae
D. Staphylococcus aureus
ANS: D

2. A 72-year-old man with a prosthetic valve presents with fever and new-onset murmur. Blood cultures grow gram-positive cocci in clusters. What is the best treatment?

A. Vancomycin
B. Ampicillin
C. Ceftriaxone
D. Metronidazole
ANS: A

3. A 28 years old man presents with fever, hemolysis, and cyclic chills after returning from a trip to Africa.Peripheral blood smear shows ring-shaped parasites inside RBCs. What is the best treatment?

A. Artemisinin-based combination therapy
B. Primaquine
C. Quinine
D. Doxycycline
ANS: A

4. A 38 years old man presents with fever, muscle aches, and a sandpaper-like rash after a recent throat infection from last few months. What is the most likely causative organism?

A. Streptococcus pyogenes
B. Staphylococcus aureus
C. Epstein-Barr virus
D. Coxsackievirus
ANS: A

5. Which of the following Organism leads to infective endocarditis in Colon Cancer patient.

A. Streptococcus Epidermis
B. Streptococcus Bovis
C. Staphylococcus Aereus
D. Streptococcus pyogenes
ANS: B

6. A 42 years old woman presents with fever, malaise, and a maculopapular rash that started on her wrists and spread centrally. She recently returned from hiking in North Carolina. What is the best next step

A. Doxycycline
B. Amoxicillin
C. Clindamycin
D. Fluconazole
ANS: A

7. A 25-year-old with genital warts. The most likely pathogen is

A. HPV 6/11
B. HPV 16/18
C. HSV-2
D. Treponema pallidum
ANS: A

8. A 62 years old woman with chronic hepatitis C presents with jaundice and ascites. She develops fever, abdominal pain, and hypotension.Paracentesis shows PMN count > 250 cells/mm$^3$. What is the best treatment ?

A. Cefotaxime
B. Metronidazole
C. Vancomycin
D. Clindamycin
ANS: A

9. A 22-year-old man with a history of unprotected sex presents with a painless genital ulcer. Dark-field microscopy shows spirochetes. What is the best initial treatment

A. Benzathine penicillin G
B. Ceftriaxone
C. Acyclovir
D. Doxycycline
ANS: A

10. A 56-year-old man with uncontrolled diabetes presents with fever, facial pain and black eschar on the nasal mucosa. What is the most appropriate treatment?

A. Amphotericin B and surgical debridement
B. Fluconazole
C. Voriconazole
D. Itraconazole
ANS: A

11. A 48 years old with fever and a heart murmur. Echocardiogram shows vegetation on the mitral valve. Blood cultures are negative. The most likely pathogen is?

A. Coxiella burnetii
B. Staphylococcus aureus
C. Streptococcus pyogenes
D. Enterococcus faecalis
ANS: A

12. A 48 years old HIV-positive man presents with progressive confusion and focal neurological deficits. MRI shows multiple ring-enhancing lesions. What is the most likely diagnosis ?

A. Toxoplasmosis
B. Progressive multifocal leukoencephalopathy (PML.
C. Cryptococcal meningitis
D. CNS lymphoma
ANS: A

13. A 30 years old woman presents with fever, headache, and stiff neck. CSF analysis shows elevated WBCs (neutrophil predominance., low glucose, and high protein. What is the most likely causative organism?

A. Streptococcus pneumoniae
B. Enterovirus
C. Cryptococcus neoformans
D. Mycobacterium tuberculosis
ANS: A

14. A 50-year-old with diabetic foot ulcer. Bone biopsy shows "Staphylococcus aureus and Bacteroides fragilis. The best regimen is:

A. Vancomycin + metronidazole
B. Piperacillin-tazobactam
C. Ceftriaxone + clindamycin
D. Ciprofloxacin + linezolid
ANS: B

15. A 32-year-old man presents with fever, night sweats, and weight loss for 2 months. Chest X-ray shows upper lobe cavitary lesions. Sputum AFB smear is positive. The Patient start anti tubercular therapy but later developed Pain in join and serum uric acid was raised . Which agent is responsible for this condition

A. Pyrazenamide
B. Isoniazide
C. Ethambutol
D. Rifampicin
ANS: A

16. A 30 years old man presents with fever, chills, and jaundice after returning from the Amazon rainforest. Blood smear reveals spirochetes. What is the most likely diagnosis?

A. Brucellosis
B. Malaria
C. Dengue fever
D. Leptospirosis
ANS: D

17. A 38 years old HIV-positive woman presents with painful vesicles in the perianal region on palpable was tender. What is the best treatment?

A. Acyclovir
B. Fluconazole
C. Doxycycline
D. Metronidazole
ANS: A

18. A 48 year old male is being treated for pseudomonas nosocomial pneumonia with cephalosporin. His symptoms improve, but 1 week later he developes fever and diarrhea with several loose non-bloody stools per day. Which of the following are responsible for this.

A. Clostridium difficile
B. Clostridium perfringens
C. Bacillus cerus
D. Staphylococcus aureus
ANS: A

19. Which of the following organism causes bullous impetigo?

A. Staphylococcus aureus
B. Streptococcus pyogenes
C. Pneumococcus
D. Diphtheroids
ANS: A

20. All of the following cutaneous infections/diseases are cuased by staphylococcus aureus except?

A. Sycosis
B. Folliculitis
C. Furunculosis
D. Scarlet fever
ANS: D

21. Which of the following is the most likely diagnosis for a 38-year-old man and his daughter who both started vomiting 2 hours after attending a wedding party and presented with generalized abdominal tenderness, a pulse of 110/min, and a blood pressure of 96/68 mmHg?

A. Amoebiasis
B. Botulism
C. Giardiasis
D. Staphylococcus aureus Infection
ANS: B

22. Which is the preferred drug for treating Enteric Fever in a 42-year-old man?

A. Chloramphenicol
B. Ciprofloxacin
C. Co-trimoxazole
D. Furazolidine
ANS: B

23. A 20-year-old male has been experiencing high-grade fever, a maculopapular rash on the trunk, and gum bleeding for the past week with the following:

- Hemoglobin (Hb. level is 10 gm/dL,
- Total leukocyte count (TLC. is 3,500/dL,
- Platelet count is 8,000/dL, and
- IgM antibodies for dengue virus are positive.

Which of the following is the treatment of choice for this patient?

A. Ribavirin along with platelets transfusion
B. Fresh frozen plasma
C. Corticosteroids
D. Whole blood transfusion
ANS: B

24: A 25-year-old laborer with a 2-month history of cough, fever, and sputum production, and an X-ray chest revealing apical opacity, presents with a hemoglobin level of 14.0 g/dl and a serum creatinine level of 1.2 mg/dl. What is the most appropriate drug combination for his treatment?

A. Isoniazid + Rifampicin + Ethambutol
B. Isoniazid + Rifampicin + Pyrazinamide
C. Isoniazid + Rifampicin + Pyrazinamide + Ethambutol
D. Isoniazid + Rifampicin + Pyrazinamide + Streptomycin
ANS: C

25. Which of the following is the most likely diagnosis for a 37-year-old woman who has been experiencing fever with chills, burning during urination, and has a tender, swollen knee joint? Her synovial fluid examination revealed a leukocyte count of 55,000/ul.

A. Gonococcal arthritis
B. Reiter's syndrome
C. Syphilitic arthritis
D. Tuberculous arthritis
ANS: A

26. A 14-year-old boy has been experiencing a fever for the past 8 days, along with symptoms such as reduced appetite, headaches, and vague upper abdominal pain. On physical examination, he has the following:

- Temperature of 103°F,
- Pulse rate of 90 beats per minute, and
- Palpable spleen tip.

What is the most suitable diagnostic test to confirm the diagnosis?

A. Blood culture
B. Liver Function Test
C. Malarial parasite Test
D. Typhidot Test
ANS: D

27: What is the most probable diagnosis for a 15-year-old boy presenting at the hospital with symptoms that include diarrhea, abdominal pain, general malaise, weakness, and impaired cognitive and physical development?

A. Amoebiasis
B. Ancylostoma duodenale (Hookworm Infection.
C. Ascariasis
D. Schistosomiasis
ANS: C

28: A 16-year-old female has experienced a gradual increase in temperature over the past week. During examination, her pulse is measured at 63 beats per minute, blood pressure is 100/60 mm Hg, and her temperature is 102.0°F. A slight enlargement of the spleen is palpable, and a blood film reveals leukopenia. What is the most appropriate diagnostic test?

A. Blood culture
B. Bone marrow culture
C. Stool culture
D. Complete Blood Count (CBC.
ANS: A

29: Which diagnostic investigation is most valuable for assisting in the diagnosis of a 45-year-old female who has been experiencing fever (40°C., loin pain, and urinary urgency for the past 5 days, with a white blood cell (WBC. count of 25x10^9/l and 75% polymorphonuclear leucocytes?

A. Blood culture
B. Erythrocyte sedimentation rate (ESR.
C. Complete Blood Count
D. Urine and blood for culture
ANS: D

30. In an adult who recently returned from a mosquito-endemic area and is experiencing symptoms such as high-grade fever, severe headache, joint pain, abdominal pain, eye pain, bleeding nose, and a rash six days after their trip, which investigation is most likely to aid in the diagnosis of dengue fever?

A. Anti-dengue IgG
B. Anti-dengue IgM
C. Complete blood picture
D. Urine analysis
ANS: B

31: What is the recommended duration of second-line drug therapy for a patient with multi-drug resistant tuberculosis (MDR-TB. who is resistant to all first-line anti-tuberculous drugs?

A. 09 months
B. 12 months
C. 18 months
D. 24 months
ANS: D

32: Which of the following organisms is the most likely cause of fever, rash,` and polyartralgia in a woman who experiences these symptoms during her menstruation, with a gram-negative bacterium found in the synovial fluid of her right knee?

A. Haemophilus influenzae
B. Staphylococcus aureus
C. Neisseria gonorrhoeae
D. Pseudomonas aeruginosa
E. Mycobacterium tuberculosis
ANS: C

33: Which pathogenic agent is likely responsible for the symptoms of fever and drowsiness in a patient admitted with increased lymphocytes, normal protein, and glucose levels in their CSF examination?

A. Virus
B. Bacteria
C. Tuberculosis (TB)
D. Fungus
ANS: A

34: In a patient with type 2 diabetes for 10 years, normal renal function, and an infected wound on the right forearm with pus discharge and a toxic appearance, which empirical antibiotic would be the most appropriate to initiate after sending pus for culture and sensitivity (C/S.?

A. Amoxycillin
B. Cloxacillin
C. Cloxacillin and Gentamcin
D. Vancomycin
ANS: C

35. A 58-year-old caucasian male originally from the United Kingdom (UK) now living in East Africa has returned to the UK on holiday. He has become unwell in the last two days, complaining of a headache, rigors, vomiting, fever, abdominal pain and little amounts of hepatosplenomegaly, jaundice and anaemia. Urinalysis reveals blood only and microscopy showed no red cells. Of the following options, what is the most likely red passing urine? On examination, there is diagnosis

A. Leptospirosis
B. Acute viral hepatitis
C. Pyelonephritis
D. Blackwater fever
ANS: D

36. A 19-year-old man presents with an annular rash, pyrexia and poly arthralgia to the Emergency Department. He has just returned from the New Forest and remembers being bitten by a tick. Given the likely diagnosis, what is the most appropriate antibiotic therapy?

A. Ciprofloxacin
B. Amoxicillin
C. Metronidazole
D. Doxycycline
ANS: D

37. What is the mechanism of action of macrolides?

A. Causes misreading of mRNA
B. Interferes with cell wall formation
C. Inhibits DNA synthesis
D. Inhibits protein synthesis
ANS: D

38. A 43-year-old man from South Africa is reviewed in clinic. He has recently started treatment for tuberculosis but is complaining of a deterioration in his vision. Which one of the following drugs is most likely to cause decreased visual acuity

A. Rifampicin
B. Streptomycin
C. Isoniazid
D. Ethambutol
ANS: D

39. A 23-year-old male presents with a purulent urethral discharge. A sample of the discharge is shown to be a Gram negative diplococcus. What is the most appropriate antimicrobial therapy

A. Oral ciprofloxacin for 7 days
B. Oral penicillin V for 7 days
C. Oral doxycycline for 7 days
D. Intramuscular ceftriaxone stat dose + oral azithromycin stat dose
ANS: D

40. **Which one of the following features is not associated with Lyme disease**
A. Meningitis
B. Jarisch-Herxheimer reaction
C. Erytherha marginatum
D. Prolonged PR interval on ECG
ANS: C

41. **A 30-year-old intravenous drug user is diagnosed as having osteomyelitis of the right tibia. What is the most likely causative organisms?**
A. Salmonella species
B. Haemophilus influenzae
C. Staphylococcus aureus
D. Enterobacter species
ANS: C

42. **A 45-year-old man presents to the Emergency Department due to severe pain in the perineal area over the past 6 hours. On examination the skin is cellulitis, extremely tender and hemorrhagic bullae are seen. What is the most appropriate management?**
A. Surgical debridement
B. IV cefuroxime and metronidazole
C. IV flucloxacillin and benzylpenicillin
D. Plasma exchange
ANS: A

43. **A 30-year-old man comes for review. He lives with a woman who has recently being diagnosed with having tuberculosis. The man was born in the UK, has no past medical history of note and is currently asymptomatic. What is the most appropriate test to check for latent tuberculosis?**
A. Heaf test
B. Mantoux test
C. Sputum culture
D. Chest x-ray
ANS: B

# MUSCULOSKELETAL SYSTEM

1. A 64 year-old woman presents with progressive hip pain and difficulty walking. She has a history of corticosteroid use for rheumatoid arthritis. X-ray shows femoral head collapse without joint space narrowing. What is the most likely diagnosis?

A. Septic arthritis
B. Osteoarthritis
C. Avascular necrosis
D. Rheumatoid arthritis
ANS: : C

2. A 25-year-old man presents with knee pain and swelling after a soccer injury. The Lachman test is positive. What is the most likely diagnosis?

A. Anterior cruciate ligament (ACL. tear
B. Medial collateral ligament (MCL. injury
C. Meniscal tear
D. Patellar dislocation
ANS: : C

3. A 70 years old man presents with lower back pain that worsens with walking and improves with leaning forward. MRI shows lumbar spinal stenosis. What is the best initial treatment?

A. Opioids
B. Immediate surgery
C. Epidural steroid injections
D. Physical therapy and NSAIDs
ANS: : D

4. A 38 years old woman presents with bilateral hand stiffness and morning joint pain lasting more than 1 hour. Rheumatoid factor and anti-CCP are positive. What is the best initial treatment?

A. Prednisolone
B. NSAIDs alone
C. Methotrexate
D. Acetaminophen
ANS: : C

5. A 58 year-old man presents with sudden onset of severe pain, swelling, and redness in the first metatarsophalangeal (MTP. joint. Joint aspiration shows negatively birefringent needle-shaped crystals. What is the best treatment?

A. NSAIDs
B. Allopurinol
C. Probenecid
D. Methotrexate
ANS: : A

6. A 28 years old man presents with right shoulder pain after a fall. The shoulder is externally rotated and abducted. What is the most likely diagnosis?

A. Posterior shoulder dislocation
B. Anterior shoulder dislocation
C. Rotator cuff tear
D. Clavicle fracture
ANS: : B

7. A 66 years old woman presents with diffuse muscle pain, fatigue, and sleep disturbances. Physical examination reveals multiple tender points. ESR is normal. What is the most likely diagnosis?

A. Fibromyalgia
B. Polymyalgia rheumatica
C. Rheumatoid arthritis
D. Osteoarthritis
ANS: : A

8. A 68 years old man with chronic kidney disease presents with bone pain and multiple fractures. Lab tests show low calcium, high phosphate, and elevated PTH. What is the most likely diagnosis?

A. Renal osteodystrophy
B. Osteoporosis
C. Paget's disease
D. Hyperparathyroidism
ANS: : A

9. A 26 years old man presents with lower back pain and stiffness that improves with exercise. HLA-B27 is positive. What is the most likely diagnosis?

A. Rheumatoid arthritis
B. Ankylosing spondylitis
C. Osteoarthritis
D. Fibromyalgia
ANS: : B

10. A 82 years old woman presents with hip fracture after a minor fall. Dual-energy X-ray absorptiometry (DEXA. scan shows a T-score of -2.8. What is the best treatment?

A. Bisphosphonates
B. NSAIDs
C. Acetaminophen
D. Methotrexate
ANS: : A

11. Which of the following is the most likely diagnosis for a 37-year-old woman who has been experiencing fever with chills, burning during urination, and has a tender, swollen knee joint? Her synovial fluid examination revealed a leukocyte count of 55,000/ul.

A. Syphilitic arthritis
B. Reiter's syndrome
C. Gonococcal arthritis
D. Tuberculous arthritis
ANS: : C

12. A 26 years old women presenting with knee pain and mass, fatigue and mild weight loss. X ray of bone show cancerous changes in epiphyseal region with soap bubbles appearance most likely diagnosis will be:

A. Ewing Sarcoma
B. Osteosarcoma
C. Osteochondroma
D. Giant cell tumour
ANS: : D

13. All of the following regarding osteosarcoma are true except:

A. Present with intense pain worsen during Night
B. Arises from Diaphysis
C. X ray finding shows Codman triangle
D. Accurate test is biopsy
ANS: : B

14. A 15-year old youth presents with several months' history of pain in the upper part of his thigh. The pain is worse at night. A plain film shows a small nidus of lucency. What OTC remedy is indicated?

A. Steroid
B. NSAID
C. Antibiotics
D. Muscle relaxant
ANS: : B

15. All of the following statements regarding Gout are true except:

A. First Big toe affected
B. Crystal deposition is MSU
C. Positive birefringes test
D. Needle shaped crystal
ANS: : C

16. A patient presenting with insidious onset prolong morning stiffness which is lasting for more than one hr which is usually improve with work both hand are symmetrical involve, fatigue and some nodules were noted. On palpation spleen was enlarged and investigation show Dec neutrophil most likely diagnosis:

A. Rheumatoid Arthritis
B. Felty Syndrome
C. Caplan Syndrome
D. Osteoarthritis
ANS: : B

17. A classical triad of recurrent apthous ulcer, genital ulcer and uveitis is, seen in.

A. Sjogren syndrome
B. Rynaud phenomenon
C. Takayasu arteritis
D. Bechet syndrome
ANS: : D

18. A 58 years old woman presents to the clinic with a chief complaint of "blindness". She states that she experienced a temporary loss of vision in her left eye. She has also been experiencing new headaches and soreness in her jaw. Her vision exam is unremarkable. What diagnostic exam should be ordered

A. Ophthalmoscopy
B. Temporal artery biopsy
C. Fundoscopy
D. MR
ANS: : B

19. The drug of choice for scleroderma renal crisis is:

A. ACEI
B. CCB
C. ARBs
D. Aldosterone Antagonist
ANS: A

20. All of the following classically seen in Dermatomyositis except:

A. Heliotrope rashes
B. Shawl sign
C. Discoid rashes
D. Gottron papules
ANS: : C

21. A 49 year old man presents with a painful, swallon big toe after a right of heavy drinking. His home medications are lansoprazole, ASA, sildenafil and psyllium. Which medication should he temporarily discontinue?

A. Lansoprazole
B. ASA (Aspirin.
C. Sildenafil
D. Psyllium
ANS: : B

22. Which of the following pair is true?

A. Anti Centromere – CREST syndrome
B. Anti-CCP – Osteoarthritis
C. Anti scl 70 – Dermatomyositis
D. Anti smooth muscle – Sjogren syndrome
ANS: : A

23. A clasicall triad of reactive arthritis include all of the following except

A. Urethritis
B. Uveitis
C. Conjunctivitis
D. Arthritis
ANS: : B

24. A 37-year old man is seen after a motorcycle accident. He complains of intense leg pain, tingling in his foot, and inability to move his toes. Exam reveals pain with passive motion of his toes and palpable dorsalis pedis pulses. An x-ray film confirm a tibial fracture. What is the best treatment?

A. Antibiotics
B. NSAID
C. Immediate Fasiotomy
D. Corticosteroi
ANS: : C

25. Which of the following organisms is the most likely cause of fever, rash, and polyartralgia in a woman who experiences these symptoms during her menstruation, with a gram-negative bacterium found in the synovial fluid of her right knee

A. Haemophilus influenzae
B. Staphylococcus aureus
C. Neisseria gonorrhoeae
D. Pseudomonas aeruginosa
ANS: : C

26. Which of the following Rheumatoid arthritis is incorrect?

A. Crystal arthropathy
B. HLA- DR4
C. Symmetric joint Involvement
D. Morning stiffness more than 1 hr
ANS: : A

27. A 28 years old woman presents with wrist pain and numbness in the first three fingers, especially at night. What is the most likely diagnosis?

A. Carpal tunnel syndrome
B. De Quervain's tenosynovitis
C. Rheumatoid arthritis
D. Ulnar neuropathy
ANS: : A

28. A 50-year-old woman presents with diffuse muscle weakness in the proximal limbs. CK and aldolase levels are elevated. Muscle biopsy shows endomysial inflammation. What is the most likely diagnosis?
A. Polymyositis
B. Dermatomyositis
C. Myasthenia gravis
D. Multiple sclerosis
ANS: : A

29. A 5-year-old boy presents with recurrent fractures, blue sclerae, and hearing loss. What is the most likely diagnosis?
A. Osteogenesis imperfecta
B. Rickets
C. Ehlers-Danlos syndrome
D. Marfan syndrome
ANS: : A

30. A 65-year-old woman complains of proximal muscle pain and stiffness, especially in the morning. ESR is elevated, but CK levels are normal. What is the most likely diagnosis
A. Polymyositis
B. Polymyalgia rheumatica
C. Fibromyalgia
D. Osteoarthritis
ANS: : B

31. A 30 year-old woman presents with recurrent episodes of joint pain, oral ulcers, and a malar rash. Her ANA test is positive. What is the best diagnostic test to confirm the disease ?
A. HLA-B27
B. Rheumatoid factor
C. Anti-dsDNA and anti-Smith antibodies
D. Anti-CCP
ANS: : C

32. A,48 years old man presents with progressive bone pain and hearing loss. X-ray shows thickened, disorganized bone. Serum ALP is elevated. What is the most likely diagnosis?
A. Paget's disease of bone
B. Multiple myeloma
C. Osteosarcoma
D. Fibrous dysplasia
ANS: : A

33. A 7-year-old boy presents with a painless limp and limited hip abduction. X-ray reveals flattening of the femoral head. What is the most likely diagnosis?
A. Legg-Calvé-Perthes disease
B. Slipped capital femoral epiphysis (SCFE.
C. Transient synovitis
D. Septic arthritis
ANS: : A

34. Which of the following antibody is positive in Drug induced SLE?
A. Anti dsDNA
B. Anti- Histone antibody
C. Anti nuclear antibody ( ANA.
D. Anti - Ro antibody
ANS: : B

35. A 56 year-old woman presents with difficulty rising from a chair and skin rash over her knuckles (Gottron's papules). What is the most likely diagnosis
A. Scleroderma
B. Polymyositis
C. Dermatomyositis
D. Rheumatoid arthritis
ANS: C

36. A 60-year-old man presents with unilateral shoulder pain and decreased active and passive range of motion. What is the most likely diagnosis?
A. Reactive Arthritis
B. Adhesive Capsulitis
C. Gout
D. Osteoarthritis
ANS: B

37. A 48 year-old woman presents with dry eyes, dry mouth, and arthritis. Schirmer test is positive. What is the most likely diagnosis?
A. Sjögren's syndrome
B. Systemic lupus erythematosus
C. Rheumatoid arthritis
D. Scleroderma
ANS: A

38. A young man presents with urethritis, conjunctivitis, and arthritis after a recent GI infection. What is the likely diagnosis?

A. Psoriatic arthritis
B. Rheumatoid arthritis
C. Reactive Arthritis
D. Septic arthritis

ANS: C

39. A 32 year-old woman presents with swollen, tender fingers and dactylitis. She has a history of psoriasis. What is the likely diagnosis?

A. Gout
B. Rheumatoid arthritis
C. Lupus arthritis
D. Psoriatic arthritis

ANS: D

40. A 50-year-old man presents within chronic low back pain, morning stiffness, and limited spinal mobility. HLA-B27 is positive. What is the diagnosis ?

A. Ankylosing spondylitis
B. Rheumatoid arthritis
C. Osteoarthritis
D. Spinal stenosis

ANS: A

## NERVOUS SYSTEM

1. A 70-year-old with rapid cognitive decline, myoclonus, and periodic sharp waves on EEG. The diagnosis is:

A. Creutzfeldt-Jakob disease (CJD.
B. Alzheimer's disease
C. Vascular dementia
D. Lewy body dementia
ANS: A

2. A 28-year-old man presents with bilateral facial weakness after a viral infection. He has areflexia and ascending muscle weakness. What is the most likely diagnosis

A. Guillain-Barré syndrome
B. Bell's palsy
C. Myasthenia gravis
D. Multiple sclerosis
ANS: A

3. A 58 year-old man presents with progressive muscle weakness, difficulty swallowing, and fasciculations. His reflexes are brisk, and there is no sensory loss. What is the most likely diagnosis?

A. Amyotrophic lateral sclerosis (ALS.
B. Guillain-Barré syndrome
C. Myasthenia gravis
D. Multiple sclerosis
ANS: A

4. A 46 years old woman presents with progressive difficulty walking, spasticity, and urinary urgency. MRI shows a spinal cord lesion at T6. CSF analysis reveals oligoclonal bands. What is the most likely diagnosis?

A. Multiple sclerosis
B. Transverse myelitis
C. Amyotrophic lateral sclerosis
D. Syringomyelia
ANS: A

5. A 66-year-old hypertensive man develops sudden severe headache, nausea, and loss of consciousness. CT scan shows an intracerebral hemorrhage. What is the most common cause?

A. Hypertensive vasculopathy
B. Amyloid angiopathy
C. AV malformation
D. Ruptured berry aneurysm
ANS: A

6. A 55 year-old alcoholic male presents with confusion, ataxia, and ophthalmoplegia. What is the most appropriate immediate treatment

A. IV thiamine
B. IV glucose
C. IV dexamethasone
D. IV benzodiazepines
ANS: A

7. A 58 years old man presents with a resting tremor, bradykinesia, and rigidity. He has a shuffling gait and reduced facial expression. What is the most likely diagnosis ?

A. Parkinson's disease
B. Huntington's disease
C. Wilson's disease
D. Essential tremor
ANS: A

8. A 36 year old woman presents with fluctuating muscle weakness, worsening throughout the day she also have partial Ptosis. Ice pack test improves symptoms. What is the most likely diagnosis?

A. Multiple sclerosis
B. Lambert-Eaton syndrome
C. Myasthenia gravis
D. Guillain-Barré syndrome
ANS: C

9. A 32-year-old woman presents with sudden loss of vision in the right eye, which improved over weeks. She also reports episodes of limb weakness and urinary incontinence. MRI shows periventricular white matter lesions. What is the most likely diagnosis?*

A. Transverse myelitis
B. Neuromyelitis optica
C. Acute optic neuritis
D. Multiple sclerosis
ANS: D

10. Which of the Following Area Dengerate in Parkinson Disease

A. Hypothalamus
B. Substantia Nigra
C. Thalamus
D. Cerebellum
ANS: B

11. A 48 years old man presents with sudden-onset excruciating headache, nausea, and photophobia. He has no focal neurological deficits. A CT scan of the brain is normal. What is the next best step?

A. Perform lumbar puncture
B. Start IV thrombolysis
C. Order MRI of the brain
D. Discharge with painkillers
ANS: A

12. A 62 years old woman presents with gradual memory decline, difficulty managing finances, and personality changes. MRI shows diffuse cortical atrophy. What is the most likely diagnosis?

A. Alzheimer's disease
B. Lewy body dementia
C. Frontotemporal dementia
D. Vascular dementia
ANS: A

13. A 55-year-old man presents with a resting tremor in his right hand, which disappears when he reaches for objects. He has a stooped posture and slow movement. What is the best initial treatment?

A. Levodopa-Carbidopa
B. Beta-blockers
C. Clonazepam
D. Carbamazepine
ANS: A

14. A 30-year-old woman experiences sudden weakness in her left arm and slurred speech. Symptoms resolve within an hour. MRI is normal. What is the most likely diagnosis?

A. Transient ischemic attack (TIA.
B. Ischemic stroke
C. Multiple sclerosis
D. Migraine with aura
ANS: A

15. A 38 year-old woman presents with episodes of sharp, electric shock-like pain on the right side of her face, triggered by touch. What is the most appropriate first-line treatment ?

A. Carbamazepine
B. Gabapentin
C. Amitriptyline
D. Ibuprofen
ANS: A

16. A 42 years old man presents with progressive difficulty speaking, muscle stiffness, and emotional lability. Examination shows upper and lower motor neuron signs. What is the most likely diagnosis?

A. Amyotrophic lateral sclerosis (ALS.
B. Myasthenia gravis
C. Guillain-Barré syndrome
D. Multiple sclerosis
ANS: A

17. A 28 years old man presents after a motorbike accident. He has complete loss of movement in both lower limbs but intact upper limb function. Sensation is preserved in some areas. What is the most likely diagnosis

A. Multiple sclerosis
A. Guillain-Barré syndrome
C. Myasthenia gravis
D. Spinal cord injury (paraplegia.
ANS: A

18. A 72 years old man presents with sudden weakness in the right hand and slurred speech. Symptoms resolve in 30 minutes. What is the most appropriate next step?

A. Start aspirin and statin
B. Perform emergency CT angiogram
C. Start IV thrombolysis
D. No further action needed
ANS: A

19. A 68 years old man with diabetes presents with burning pain in both feet that worsens at night. What is the best initial treatment?

A. Amitriptyline
B. Ibuprofen
C. Levetiracetam
D. Clonazepam
ANS: A

20. A 55 year-old woman experiences sudden, severe worst headache of life and headache followed by a loss of consciousness. CT scan shows blood in the subarachnoid space. What is the most likely cause?

A. Ruptured berry aneurysm
B. Epidural Hematoma
C. AV malformation
D. Brain tumor
ANS: A

21. A 62 year-old with sudden-onset "worst headache of my life" and meningismus. CT shows subarachnoid hemorrhage. The next step is:

A. Nimodipine
B. Cerebral angiography
C. Surgical clipping
D. Lumbar puncture
ANS: B

22. A 30-year-old with seizures, intellectual disability, and facial angiofibromas. The diagnosis is?

A. Down syndrome
B. Neurofibromatosis type 1
C. Sturge-Weber syndrome
D. Tuberous sclerosis
ANS: D

23. A 20-year-old with recurrent brief electric-shock-like facial pain triggered by chewing. The diagnosis is:

A. Trigeminal neuralgia
B. Bell's palsy
C. Temporomandibular joint disorder
D. Migraine
ANS: A

24. A 46-year-old with bilateral foot drop and steppage gait. Nerve conduction studies show demyelination. The diagnosis is?

A. ALS
B. Guillain-Barré syndrome
C. Diabetic neuropathy
D. Charcot-Marie-Tooth disease
ANS: D

25. A 25-year-old with diplopia, ataxia, and MRI showing "punched-out" periventricular lesions. The diagnosis is:

A. Lyme disease
B. Neurosarcoidosis
C. Multiple sclerosis
D. Behçet's disease
ANS: C

26. A 54 year-old with unilateral pulsatile tinnitus and cranial nerve VIII palsy. MRI shows a cerebellopontine angle mass. The diagnosis is:

A. Vestibular schwannoma
B. Meningioma
C. Glomus jugulare tumor
D. Epidermoid cyst
ANS: A

27. A 38 year-old with episodic vertigo triggered by head movement. The diagnosis is:

A. Migrainous vertigo
B. Ménière's disease
C. Vestibular neuritis
D. Benign paroxysmal positional vertigo (BPPV.
ANS: D

28. A 64 -year-old with sudden-onset right-sided sensory loss and left-sided limb ataxia. The diagnosis is:

A. Pontine stroke
B. Lateral medullary syndrome
C. Thalamic infarct
D. Cerebellar infarct
ANS: B

29. A 42 years old with bilateral ptosis, proximal muscle weakness, and positive anti-MuSK antibodies. The diagnosis is:

A. Lambert-Eaton syndrome
B. Myasthenia gravis
C. Mitochondrial myopathy
D. Inflammatory myopathy
ANS: B

30. A 55-year-old with "pill-rolling" tremor and shuffling gait along with micrographia. The diagnosis is:

A. Parkinson's disease
B. Essential tremor
C. Cerebellar ataxia
D. Huntington's disease
ANS: A

31. A 22 years old with sudden-onset left-sided hemiplegia. MRI shows a right middle cerebral artery (MCA. territory infarct. The most likely cause is:

A. Cardiogenic embolism
B. Carotid dissection
C. Hypercoagulable state
D. Vasculitis
ANS: B

32. A 68 year-old man with a history of smoking presents with progressive proximal muscle weakness that improves with use. He has diminished deep tendon reflexes. What is the most likely diagnosis?

A. Lambert-Eaton syndrome
B. Myasthenia gravis
C. Guillain-Barré syndrome
D. Amyotrophic lateral sclerosis
ANS: A

33. A 66 year-old man presents with confusion, fever, and neck stiffness. CSF analysis shows increased WBCs, decreased glucose, and increased protein. What is the most likely diagnosis?

A. Viral meningitis
B. Bacterial meningitis
C. Tuberculous meningitis
D. Fungal meningitis
ANS: B

34. A 72 -year-old man presents with sudden onset of right-sided weakness and slurred speech. He has atrial fibrillation. CT scan shows no hemorrhage. What is the best next step?

A. IV heparin
B. Aspirin and statin
C. IV thrombolysis if within 4.5 hours
D. Emergency carotid endarterectomy
ANS: C

35. A 55 years old man presents with forgetfulness, bradykinesia, and visual hallucinations. He has fluctuating levels of consciousness. What is the most likely diagnosis?

A. Vascular dementia
B. Alzheimer's disease
C. Lewy body dementia
D. Frontotemporal dementia
ANS: C

36. A 48 year-old man presents with a history of seizures and recent cognitive decline. MRI shows ring-enhancing lesions in the brain. He has a history of HIV. What is the most likely diagnosis

A. Toxoplasmosis
B. Cryptococcal meningitis
C. Progressive multifocal leukoencephalopathy
D. Brain abscess
ANS: A

37. A 77-year-old woman presents with gradually worsening memory loss, difficulty recognizing faces, and getting lost in familiar places. MRI shows medial temporal lobe atrophy. What is the most likely diagnosis ?

A. Alzheimer's disease
B. Vascular dementia
C. Frontotemporal dementia
D. Normal pressure hydrocephalus

ANS: A

38. A 58 year-old man presents with progressive difficulty walking and urinary incontinence. MRI shows enlarged ventricles but no significant cortical atrophy. What is the best next step in management?

A. Ventriculoperitoneal shunt
B. IV methylprednisolone
C. Levodopa therapy
D. Acetylcholinesterase inhibitors

ANS: A

39. A 68 year-old man presents with a resting tremor in his hands that improves with movement. He has rigidity and bradykinesia. What is the first-line treatment?

A. Propranolol
B. Levodopa-Carbidopa
C. Primidone
D. Carbamazepine

ANS: B

40. A 35-year-old man presents with rapid, involuntary movements of his face and limbs, along with progressive cognitive decline. His father had similar symptoms. What is the most likely diagnosis?

A. Huntington's disease
B. Parkinson's disease
C. Amyotrophic lateral sclerosis
D. Wilson's disease

ANS: A

41. A 32 years old woman presents with severe unilateral headache, photophobia, and nausea. The pain worsens with movement. Neurological examination is normal. What is the most appropriate treatment for acute relief?

A. Paracetamol
B. Sumatriptan
C. Beta-blockers
D. Amitriptyline

ANS: B

42. A 55-year-old woman presents with intermittent episodes of sharp, unilateral facial pain triggered by eating and talking. Neurological examination is normal. What is the most appropriate first-line treatment?

A. NSAIDs
B. Gabapentin
C. Amitriptyline
D. Carbamazepine

ANS: D

43. A 32 year-old woman presents with progressive muscle weakness, difficulty climbing stairs, and double vision at the end of the day. Ice pack test improves her symptoms. What is the next step in diagnosis?

A. Lumbar puncture
B. Muscle biopsy
C. Acetylcholine receptor antibody test
D. MRI of the brain

ANS: C

44. A 24 year-old woman presents with a history of episodic double vision, fatigue, and difficulty swallowing. Her symptoms worsen at the end of the day. Edrophonium test is positive. What is the most likely diagnosis?

A. Multiple sclerosis
B. Lambert-Eaton syndrome
C. Myasthenia gravis
D. Guillain-Barré syndrome

ANS: C

45. A 42 year-old woman presents with brief, repetitive, electric shock-like pain in the lower half of her face, triggered by chewing and cold wind. What is the most appropriate first-line treatment?

A. Carbamazepine

B. Gabapentin

C. Amitriptyline

D. Ibuprofen

ANS: A

46. A 62 -year-old hypertensive man suddenly develops complete paralysis of the right upper and lower limb with deviation of the eyes to the left. CT scan shows an infarct in the left middle cerebral artery territory. Which area of the brain is most likely affected?

A. Frontal lobe

B. Basal ganglia

C. Internal capsule

D. Brainstem

ANS: C

47. A 30 years old woman experiences sudden vision loss in one eye with eye pain, which resolves in 3 weeks. She also has intermittent numbness in her limbs. MRI shows multiple periventricular white matter lesions. What is the best next step?*

A. Start IV methylprednisolone

B. Perform lumbar puncture

C. Order NMO-IgG testing

D. Prescribe acetazolamide

ANS: A

48. A 72-year-old woman presents with difficulty remembering recent events, disorientation to time, and difficulty in word-finding. MRI shows medial temporal lobe atrophy. What is the most likely diagnosis?

A. Vascular dementia

B. Alzheimer's disease

C. Frontotemporal dementia

D. Lewy body dementia

ANS: B

49. A 47-year-old man presents wit progressive personality change disinhibition, and difficulty planning tasks. MRI show atrophy of the frontal an temporal lobes. What is the mo likely diagnosis?

A. Frontotemporal dementia

B. Alzheimer's disease

C. Lewy body dementia

D. Vascular dementia

ANS: A

50. A 58 year-old man presents wit visual hallucinations, fluctuatin cognitive impairment, an parkinsonism. What is the mos likely diagnosis?

A. Huntington's disease

B. Alzheimer's disease

C. Lewy body dementia

D. Vascular dementia

ANS: C

51. A 60 year-old man presents wit difficulty walking, urinar incontinence, and memor problems. MRI shows enlarge ventricles without significan cortical atrophy. What is the mos likely diagnosis?

A. Normal pressure hydrocephalus

B. Alzheimer's disease

C. Parkinson's disease

D. Amyotrophic lateral sclerosis

ANS: A

52. A 48-year-old woman presents with sharp, stabbing pain on the side of her face that lasts for a few seconds, triggered by chewing. What nerve is most likely affected?

A. Vagus nerve

B. Facial nerve

C. Glossopharyngeal nerve

D. Trigeminal nerve

ANS: D

53. A 50-year-old man presents with progressive difficulty swallowing, muscle fasciculations, and hyperreflexia in his lower limbs. Sensory examination is normal. What is the most likely diagnosis?

A. Myasthenia gravis
B. Amyotrophic lateral sclerosis
C. Guillain-Barré syndrome
D. Multiple sclerosis

ANS: B

54. A 6-year-old child presents with ataxia and vomiting. MRI shows a cerebellar mass. What is the most likely diagnosis?

A. Medulloblastoma
B. Astrocytoma
C. Ependymoma
D. Glioblastoma

ANS: A

55. A 30-year old male presents to the emergency department complaining of recurrent episodes of weakness and paralysis, particularly after meals. Initially, the healthcare provider suspects malingering due to the episodic nature of the symptoms. However, further evaluation reveals these episodes consistently occur after consuming carbohydrate-rich meals. All are correct about the workup of this patient except?

A. Serum potassium is either normal or less
B. CPK-MM is normal
C. Nerve condition velocity is normal
D. Genetic studies showed autosomal recessive inheritance

ANS: D

56. A 65 year old male present with progressive dysphagia, dysarthria, and difficulty in chewing for the past few months. He also reports frequent choking episodes while eating and speech changes characterized by slurred speech and nasal quality. On examination, the patient demonstrates weakness and atrophy of the tongue, palate, and pharyngeal muscles, along with absent gag reflex and weakness of the shoulder. Which of the following nerves are affected in this condition?

A. Damage to 9,10,11 and 12 cranial nerves
B. Damage to 9,10,11 cranial nerves
C. Damage to 7,9,11 cranial nerves
D. Damage to 9,10 and 12 cranial nerves

ANS: A

57. A 55 year old male presents to the neurology clinic with progressive weakness and muscle atrophy in his limbs. He reports difficulty in performing dally activities such as walking and lifting objects. Upon examination, the patient exhibits muscle fasciculations and hyperreflexia. All are the factors contributing to the pathology of this condition except?

A. Defective protein degradation in neuron
B. Defective RNA processing
C. Increased Glutamate levels
D. Increased Methionine levels

ANS: D

58. A 72 year old female presents to the neurology clinic with progressive memory loss and difficulties in daily functioning. Her family reports that she frequently forgets recent events, repeat questions, and struggles with tasks that were once routine for her. Which of the following drugs are NOT used in the condition this patient is suffering from?

A. Donepezil
B. Memantine
C. Rivastigmine
D. Tacrine
ANS: D

59. An 80 year old female presents to the outpatient clinic with complaints of forgetfulness over the past 6 months. A mini mental state examination a score of 19 out of 30. Given the clinical suspicion of Alzheimer's disease which of the following can be done for further diagnostic evaluation to confirm the diagnosis?

A. Plain MRI
B. Functional MRI
C. Head CT
D. MMSE
ANS: B

60. A 25-year old female presents to the neurology clinic with complaints of progressive weakness and muscle wasting in her lower extremities. Upon examination, her legs exhibit a characteristic "stork-leg" appearance, with muscle atrophy particularly affecting the peroneal muscles. Which of the following is not a feature of the disease that the patient is suffering from?

A. Champagne bottle appearance
B. Foot contractures
C. Onion bulb appearance on biopsy
D. Wadding gait
ANS: D

# REPRODUCTIVE SYSTEM

1. A 28-year-old woman presents with pelvic pain, dysmenorrhea, and dyspareunia. She has been trying to conceive for one year without success. Pelvic exam reveals a fixed, tender mass in the adnexa. What is the most likely diagnosis?

A. Ovarian cyst
B. Pelvic inflammatory disease (PID)
C. Endometriosis
D. Uterine fibroid
ANS: C

2. A 35-year-old woman with multiple sexual partners presents with fever, lower abdominal pain, and cervical motion tenderness. What is the best initial treatment?

A. Ceftriaxone and doxycycline
B. Metronidazole only
C. Azithromycin only
D. Hysterectomy
ANS: A

3. A 22-year-old sexually active woman presents with postcoital bleeding. Pelvic exam reveals a friable cervix with mucopurulent discharge. What is the best diagnostic test?

A. Vaginal wet mount
B. Pap smear
C. Endometrial biopsy
D. NAAT for chlamydia and Gonorrhea
ANS: D

4. A 30-year-old woman presents with a painless vulvar ulcer. What is the most likely cause?

A. Herpes simplex virus
B. Primary syphilis
C. Chancroid
D. Lymphogranuloma venereum
ANS: B

5. A 34-year-old woman presents with irregular menstrual cycles and excessive hair growth. Ultrasound shows multiple ovarian cysts. What is the best initial treatment?

A. Combined oral contraceptive pills
B. Clomiphene citrate
C. Spironolactone
D. Metformin
ANS: A

6. A 28 years old woman at 36 weeks gestation presents with sudden painless vaginal bleeding. Fetal heart rate is normal. What is the most likely diagnosis?

A. Uterine rupture
B. Placental abruption
C. Vasa previa
D. Placenta previa
ANS: D

7. A 30-year-old woman presents with secondary amenorrhea for 8 months. She had a history of a postpartum hemorrhage requiring dilation and curettage. What is the most likely diagnosis?

A. Poly cystic ovarian snydome
B. Asherman Syndrome
C. Hyperprolactinemia
D. Turner syndrome
ANS: B

8. A 55-year-old postmenopausal woman presents with vaginal bleeding. What is the most appropriate next step?

A. Endometrial biopsy
B. Pap smear
C. Ultrasound
D. Hormone replacement therapy
ANS: A

9. A 19-year-old woman presents with a tender breast mass that fluctuates with her menstrual cycle. Ultrasound shows a well-defined cystic lesion. What is the most likely diagnosis?

A. Fibroadenoma
B. Mastits
C. Breast cancer
D. Fibrocystic changes

ANS: B

10. A 45-year-old woman presents with a firm, non-tender breast lump with skin dimpling. Mammogram shows an irregular mass with microcalcifications. What is the next best step?

A. Ultrasound
B. Core needle biopsy
C. Fine-needle aspiration
D. Observation

ANS: B

## PARASITOLOGY

1. A child with Habit of eating unusual things ( PICA. presents with intestinal obstruction. Stool examination shows large oval eggs with a thick shell. What is the most likely diagnosis

A. Ascaris lumbricoides

B. Trichuris trichiura

C. Necator americanus

D. Strongyloides stercoralis

ANS: A

2. Which parasite causes blindness due to microfilariae invasion of the cornea.

A. Loa loa

B. Onchocerca volvulus

C. Wuchereria bancrofti

D. Toxocara canis

ANS: B

3. A patient presents with a non-healing ulcer on the lower leg after a sandfly bite.
What is the most likely causative organism

A. Leishmania donovani

B. Trypanosoma cruzi

C. Plasmodium vivax

D. Onchocerca volvulus

ANS: A

4. A patient with dysentery and "flask-shaped" ulcers on colonoscopy is diagnosed with amebiasis. Which stool finding confirms it

A. Trophozoites with ingested RBCs

B. Cysts with 4 nuclei

C. Oocysts on acid-fast stain

D. Larva in sputum

ANS: A

5. A patient with a "bull's eye" skin lesion and history of tick exposure develops arthritis. Which parasite is transmitted by Ixodes ticks

A. Babesia microti

B. Borrelia burgdorferi

C. Ehrlichia chaffeensis

D. Rickettsia rickettsia

ANS: B

6. A patient with a history of consuming contaminated water develops a liver abscess with "anchovy-paste" pus. What is the most likeiy causative agent

A. Entamoeba histolytica

B. Echinococcus granulosus

C. Fasciola hepatica

D. Toxoplasma gondii

ANS: A

7. A patient with a pruritic "serpiginous rash" on the feet recently returned from a beach vacation. Which parasite causes this

A. Ancylostoma braziliense

B. Sarcoptes scabiei

C. Schistosoma spp.

D. Loa loa

ANS: A

8. A patient presents with a brain cyst and a history of eating undercooked pork.CT scan shows multiple calcified cysts. What is the most likely diagnosis

A. Neurocysticercosis

B. Toxoplasmosis

C. Echinococcosis

D. Strongyloidiasis

ANS: A

9. A patient with elephantiasis in the lower limbs has microfilariae in nocturnal blood smears. Which vector transmits this parasite

A. Anopheles mosquito

B. Culex mosquito

C. Blackfly

D. Sandfly

ANS: B

10. Which of the following fish tapeworm result vitamin B12 deficiency

A. Ankylostoma Duoadenale

B. Wucheria Bancroft

C. Diphylobotrum latum

D. Toxoplasma Gondii

ANS: C

11. A farmer presents with nausea, vomiting, and vitamin B12 deficiency. Stool examination reveals operculated eggs. What is the most likely causative organism

A. Ascaris lumbricoides
B. Diphyllobothrium latum
C. Taenia solium
D. Strongyloides stercoralis
ANS: B

12. A patient with hypochromic anemia and pica has hookworm eggs in stool. Which mechanism explains the anemia

A. Hemolysis
B. Iron deficiency
C. Vitamin B12 deficiency
D. Bone marrow suppression
ANS: B

13. A patient from South America presents with unilateral eyelid edema (Romana's sign. and myocarditis. Which parasite is transmitted by reduviid bugs

A. Trypanosoma brucei
B. Trypanosoma cruzi
C. Leishmania brasiliensis
D. Onchocerca volvulus
ANS: B

14. A patient presents with nocturnal perianal itching. Cellophane tape test reveals oval eggs. Which treatment is effective?

A. Albendazole
B. Mebendazole
C. Praziquantel
D. Ivermectin
ANS: B

## PEDIATRICS

1. A 4 months old child is brought with hypothermia, poor feeding, irritability, ok Examination the Yellowish discoloration of eye was noted and Liver was enlarged.What is the most likely underlying condition?

A. Primary immunodeficiency
B. Congenital adrenal hyperplasia
C. Galactosemia
D. Neonatal hepatitis
ANS: C

2. A 1 year old child presents with persistent cough, wheezing, and failure to thrive. The chest X-ray shows hyperinflation, and the sweat chloride test is positive. What is the next best step in management?

A. Antibiotics and pancreatic enzyme replacement
B. Bronchodilators alone
C. Lung biopsy
D. Bone marrow transplant
ANS: B

3. Which of the following is Mode of in heritance of Cystic fibrosis

A. Autosomal Recessive
B. X- linked Recessive
C. Autosomal Dominant
D. X-linked Dominant
ANS: A

4. A 2 years old child presents with recurrent sinopulmonary infections, chronic diarrhea, and failure to thrive. Sweat chloride test is positive. What is the most likely diagnosis

A. Primary ciliary dyskinesia
B. Cystic fibrosis
C. Congenital adrenal hyperplasia
D. Severe combined immunodeficiency (SCID.
ANS: B

5. All of the following regarding Kartagener Syndrome are True Except

A. Dynein arm defect
B. Bronchitis
C. Sinusitis
D. Dectrocardia
ANS: B

6. A 5 years old boy presents with short stature, frontal bossing, and bowing of the legs. Serum calcium is normal, but phosphate is low and alkaline phosphatase is high. What is the most likely diagnosis

A. Nutritional rickets (vitamin D deficiency.
B. X-linked hypophosphatemic rickets
C. Osteogenesis imperfecta
D. Achondroplasia
ANS: B

7. A 12 years old girl presents with primary amenorrhea, webbed neck, and widely spaced nipples. She has short stature and a normal intelligence level. What is the most likely diagnosis

A. Turner syndrome
B. Klinefelter syndrome
C. Androgen insensitivity syndrome
D. Down Syndrome
ANS: A

8. A 6 months old with poor weight gain and tachypnea has a loud, continuous "machine-like" murmur. Which defect is this

A. PDA
B. ASD
C. VSD
D. TOF
ANS: A

9. Which of the following congenital heart conditions is characterized by a distinctive boot-shaped heart appearance on X-rays in a 7-year-old patient

A. Atrial Septal Defect (ASD.
B. Transposition of the Great Arteries (TGA.
C. Tetralogy of Fallot (TOF.
D. Turner Syndrome (Turner's syndrome.
ANS: C

10. A 5 years old boy has been brought to the outpatient department (OPD. due to complaints of increased frequency of urination and heightened appetite persisting for the past four months. During the examination, the child appears thin and emaciated. What is the most suitable initial investigation in this case

A. Arterial blood gases
B. Blood sugar
C. Chest x-ray
D. Complete blood count
ANS: B

11. A 2- month-old male infant has come to your hospital with a history of repeated non - bilious vomiting after feeds for two weeks. On examination, there is visible peristalsis after a feed. You diagnose him with infantile pyloric stenosis and schedule him for surgery. What is the next most important step in pre-operative resuscitative measures

A. Build nutrition per oral
B. Correction of fluid and electrolytes IV
C. Nasogastric decompression
D. Correcting acid-base imbalance
ANS: B

12. A 6 months old infant presents with developmental delay, hypotonia, and a cherry-red spot on fundoscopy. Which genetic disorder should be suspected

A. Cystic fibrosis
B. Phenylketonuria (PKU.
C. Niemann-Pick disease type A
D. Tay-Sachs disease
ANS: D

13. An 8 years old boy presents to the emergency room with a one-day history of fever (39°C. and drowsiness. Upon examination, he exhibits neck rigidity. A lumbar puncture is performed, and Gram's stain of the cerebrospinal fluid (CSF. reveals the presence of numerous pus cells and cocci. Which of the following organisms is the most likely causative agent

A. Neisseria gonorrhoeae
B. Neisseria menigitidis
C. Streptococcus pyogenes
D. Staphylococcus aureus
ANS: B

14. A female present with complain of primary amenorrhea, webbed neck, short stature and ovarian digenesis most likely karyotyping of this female wil be:

A. 45 XO
B. 46 XX
C. 47 XXY
D. 47 XXX
ANS: A

15. A 1-year old boy presents with high grade fever and conjunctivitis for 4 days followed by generalized masculopapular rash. On of his elder siblings ad similar complaints 10 days back. The most likely diagnosis is?

A. Rubella
B. Kawasaki Disease
C. Scarlet fever
D. Measles
ANS: D

16. What is the compression rate in BLS for CPR is

A. 80/ mint
B. 90/ mint
C. 100/ mint
D. 110/ mint
ANS: C

17. A mentally retarded 15 year old boy is found to have macroorchidism and large, prominent ears. He has most likely:

A. Trisomy 21
B. Acromegaly
C. Cerebral glantism
D. Fragila X syndrome
ANS: D

18. Laboratory test indicate during the first week of suspected typhoid fever for its diagnosis is:

A. Urine Culture
B. Blood Culture
C. Stool Culture
D. Widal test
ANS: B

19. A child whose age is 4 years came with mother at clinic. The child's mother told symptoms difficulty in climbing the stairs and also child has slow motor development, calf muscles are hypertrophired, Diagnosis?

A. Central core disease
B. Myasthenia gravis
C. Myotonia congenital
D. Duchenne muscular dystrophy
ANS: D

20. Turner syndrome, chromosomal pattern is:

A. XX
B. XY
C. XXX
D. XO
ANS: D

21. Which of the following is most likely cause of the clinical combination of generalized edema, hypoalbuminemia and hypercholesterolemia in a patient whose urinalysis demonstrated marked proteinuria with fatty casts and oral fat bodies?

A. Nephritic syndrome
B. Nephrotic syndrome
C. Acute renal failure
D. Renal tubular acidosis
ANS: B

22. A young child was reported to have a bleeding tendency. The physician suspected Hemophila A. Which screening test is the most suitable for diagnosis?

A. APTT
B. Bleeding time
C. Platelet count
D. WBC Count
ANS: A

23. A 2.5 year old boy comes in OPD for evaluation of delayed developmental milestones. According to the boy's mother, child cannot walk, speaks only monosyllables and lacks concentration. An examination shows a short child, low hair line and gap between first and second toes in both feet. What is the most likely diagnosis?

A. Autism
B. Cerebral palsy
C. Down syndrome
D. Growth hormone deficiency
ANS: C

24. A 10 month old baby presents with generalized seizures. His general physical examination findings are normal except for a prominently positive chvostek response. What is the most appropriate investigation?

A. Serum calcium level
B. Serum magnesium level
C. Serum potassium
D. Serum sodium level
ANS: A

25. A six year old boy complains of hematuria. There is no history of dysuria or fever. On examination, there is an intra-abdominal mass in his right lumbar region. What is the most likely diagnosis?

A. Hydronephrosis
B. Hypernephroma
C. Pyonephrosis
D. Wilm's tumor
ANS: D

26. A 4 year old boy presents in OPD with complaints of epistaxis for last 2 days. Mother reports that he has history of epistaxis and easy bruising since 4 months of age. There is no visceromegaly. Labs show hemoglobin Bg/dL, TLC 4500 and Platelet 310,000, PT/INR 1.0 sec (1.2sec., PTT 15 min (30 min., bleeding time is 12 min (5-10 min., What is the most appropriate test to confirm the diagnosis?

A. Differential leucocyte count
B. Peripheral smear
C. Platelet aggregation study
D. Complete Blood Count
ANS: C

27. A 45-year male student came to the hospital with complain that his body weight might unhealthy. His body mass index is 20kg/m2. What is the likely diagnosis?
A. Normal Weight
B. Obesity
C. Overweight
D. Underweight
ANS: A

28. 15-year old student presents with 3 days history of fever in medical OPD. Blood film shows plasmodium.After 2 days he develops mild jaundice. LFT, renal picture, PT and APTT were within normal limits. What investigation you will choose to confirm the diagnosis?
A. FDP
B. G6PD
C. Serum Fibrinogen level
D. Serum haptoglobin
ANS: B

29. A 2-year old girl is brought to the pediatrician by her mother for increasing irritability and a 4-pound weight loss in the last month. PE is notable for an ill-appearing child with a well-defined, nodular mass in the left flank that crosses the midline. What is the most likely diagnosis?
A. Nephroblastoma
B. Neuroblastoma
C. Pheochromocytoma
D. Pyelonephritis
ANS: B

30. A 2-year old boy is brought to the pediatrician for a skin infection that started on his chin and rapidly spread to involve much of his face and neck. This is his third such infection this year, and he is constantly plagued by sinus infections an dbouts of pneumonia. There is no family history of recurrent infections. The patient appears uncomfortable and dermatologic exam is notable for erosions coated in yellow crust that are widespread across the patients face and neck. He also has patchy white pigmentation of the skin, light blonde hair, and blue eyes. What is the most likely diagnosis?
A. Leukocytes adhesion deficiency
B. Chediak Highashi syndrome
C. Granulomatous disease
D. Digeorge syndrome
ANS: B

31. A 3-day old boy born at 39 weeks' gestational age via normal spontaneous vaginal delivery has failed to pass meconium and today displays abdominal distention and five episodes of nonbilious vomiting. Rectal exam shows no stool in the rectal vault. Air contrast enema shows an obstruction at the ileum. What is the most likely cause of this patient's symptoms?
A. Cystic fibrosis
B. Intestinal obstruction
C. Hypertrophic pyloric stenosis
D. Hirsphrungh disease
ANS: A

32. A 70 year old man presents to the ED in February with a high fever and productive cough. He was treated for influenza 1 week ago, and his symptoms improved until 3 days ago, when they returned with greater severity. Exam now reveals cyanosis, tactile fremitus, and dullness to percussion over the left lower lobe. Against what organism should antibiotic therapy be directed?
A. Streptococcus penumonaie
B. Klebsella
C. Staph, Aereus
D. Pseudomonas
ANS: C

33. A 70 year old man presents to the ED with 5 days of fever, productive cough, and ltered mental status. He is also found to be hypotensive and tachpneic. Broad spectrum antibiotics and fluid resuscitation are promptly administered, but the patient continues to be hypotensive. What is the next best step in treatment?
A. Epinephrine
B. Nor epinephrine
C. Salbutamol
D. IV fluid
ANS: B

34. A 2 year old boy is brought to the pediatrician because of shortness of breath and easy fatigability during play. Exam is notable for tachypnea and a soft holosystolic murmur over the lower left sternal border. What is the most likely cause of the boy's symptoms?

A. Patent ducutus arteriosus
B. ASD
C. Tetralogy of fallot
D. VSD
ANS: D

35. A 19 year old college student is brought to the ED from her dormroom, where she was found by her roommare in a confused state. She complains of fever, nausea, vomiting, and pain in her neck and head. She has a petechial rash on her legs. CSF exam reveals a gulocose level of 22 mg/dl, a protein level of 140 mg/dl, and a WBC count of 1400/mm. What is the most likely organism responsible for her condition.

A. Streptococcus Penuoaie
B. Group B streptococcus
C. Nisseria Meningitidis
D. Listeria Monosytogene
ANS: C

36. A 45 year old woman presents to the ED with fever, chills, nausea, vomiting, and severe flank pain. She has a history of multiple UTIs and was recently hospitalized for pyelonephritis. UA reveals pyuria and bacteriuria. Ultrasound performed in the ED shows what appears to be a perinephric abscess. What is the next most appropriate step in management?

A. Incision and drainage
B. IV fluid
C. Broad spectrum antibiotics
D. Analgesic
ANS: C

37. A 17 year old boy presents with 1 week of fever, sore throat and progressive fastigue. Physical exam reveals palatal petechiae, large tonsils with whitish exudates, splenomegaly and cervical and axillary lymphadenopathy. The patient says that he has been too tired to attend football practices and is concerned that he may lose his spot on the starting roster. What is the most appropriate advice to be given regarding his participation in athletics?

A. Take part 2 time a week
B. Take regular part
C. Avoid contact sport
D. Avoid running
ANS: C

38. A 27 year old man with HV presents to his primary care physician with fever, night sweats, weight loss, and diarrhea. Today his CDA + count is 25 cells/ mm3. A CBC is performed and is significant for anemia (a hemoglobin level of 8mg/dl.. Other labs show hypoalbuminemia and elevated alkaline phosphatase. What could have prevented this patient's condition?

A. Azithromycin
B. Zidovudine
C. Limuvudine
D. Amoxicillin
ANS: A

39. A 4 years old boy presents with low grade fever and malaise. Throat examination reveals a grayish white membrane which is tightly adherent and bleeds on an attempt to remove. The most likely diagnosis is:

A. Acute Follicular tonsillitis
B. Diphtheria
C. Herpetic infection
D. Infectious Mononucleosis
E. Oral Thrush
ANS: B

40. A child whose age is one year is the patient of Down syndrome. Which will be most likely GI anomaly present:

A. Duodenal atresia
B. Meconium Ileus
C. Annular Pancreas
D. Malrotation of the Gut
ANS: A

41. CSF findings, which one is incorrect:

A. Bacterial.......Raised PMNs
B. Fungal......Raised lymphocytes
C. TB.......Raised lymphocytes
D. Bacterial.....Increased sugar Level
ANS: D

42. A baby can sit without support can crawl and can stand with support his age will be:

A. 2 year
B. 3 months
C. 1 year
D. 9 months
ANS: D

43. A 3 kg full-term neonate has a prolonged Prothrombin Time (PT..The platelet count is 155,000 per cubic millimeter. Activated Partial Thromboplastin Time and Fibrinogen levels are within the physiological range. The most likely cause of increased PT in this neonate is:

A. Fibrinogen dysfunction
B. Liver disease
C. Platelet function defect
D. Vitamin K deficiency
ANS: D

44. A 15-year old boy visited the emergency with complaint of fever, lethargy, oral and nasal bleeding for 1 day. He has a history of upper respiratory tract infection a week ago. His blood cp show Hb: 8mg/dl, platelet: 60,000/microL (150-450,000/ microL., white cell count of 1.2x109 (4-10xi09/L.. Which of the following is the most likely diagnosis?

A. Bone marrow suppression secondary to viral infection
B. Chronic immune thrombocytopenic purpura
C. Disseminated intravascular coagulation
D. Von-Willebrands's disease
ANS: A

45. A 17 year old girl with nasal obstruction, rhinorrhea and facial pain for two days has developed severe headache, projectile vomiting, and spiky high grade fever. The most likely complication that she might have developed is:

A. Extradural abscess
B. Meningitis
C. Subdural abscess
D. Cavernous sinus thrombosis
ANS: D

46. An 11 year old girl had a tonsillectomy. After how many days may reactionary bleeding occur in her?

A. After the first week
B. During tonsillectomy
C. In the first 24 hours
D. On 5th postoperative day
ANS: C

47. A 19 year old boy developed anaphylaxis after a mismatched blood transfusion. The most likely mechanism of tissue injury in him would be due to

A. Macrophage activation
B. Mast cell activation
C. Phagocytic activation
D. Natural Killer (NK. Cells Activation
ANS: B

48. A 2 year old girl has been brought with excessive crying and bleeding gums for the last 2 weeks. Clinical examination reveals an irritable girl with tender limbs skin bruises, and periorbital hemorrhage. What is the most likely diagnosis?

A. Iron deficiency Anemia
B. Scurvy
C. Aplastic Anemia
D. Septic arthritis
ANS: B

49. Which of the following is the Vaccine for prevention of chicken pox?

A. BCG
B. Hib
C. Live Attenuated influenza vaccine
D. Varicella-Zooster immune Globulin
ANS: D

50. A 5 year old boy presents to ER with bleeding after a road traffic accident. His parents inform you that he is a known case of Hemophilia A. what is the most suitable transfusion for the child?

A. RBCs
B. Factor VIII
C. Factor VII
D. Fresh Frozen Plasma

ANS: B

51. A young boy was brought to emergency department complaining of severe abdominal pain and persistent vomiting for the last two hours. Exposure to which of the following toxins is the most likely cause of his sickness.

A. Enterotoxins
B. Endotoxins
C. Ham burger/ other fast food
D. Viral infection

ANS: A

52. A 6 month old baby is admitted in PICU with complaints of fever, vomiting and altered state of consciousness. You are suspecting raised Intracranial Pressure (ICP.. What is the most likely examination finding in this child?

A. Acidotic breathing
B. Bradycardia
C. Motor weakness
D. Tachycardia

ANS: B

53. A 14 year old boy became breathless during the race. His PEF was noted 220 L/min (predicted value 280 L/min.. The most likely diagnosis is:

A. Allergy
B. Anaemia
C. Bronchial Asthma
D. Cardiomyopathy

ANS: C

54. A 1-year-old with fever, irritability, and bulging fontanelle has CSF showing 1000 WBCs (90% neutrophils., low glucose, and high protein. Which pathogen is most likely

A. Streptococcus pneumoniae
B. Neisseria meningitidis
C. Escherichia coli
D. Listeria Monocytogenes

ANS: A

55. A 6 years old presents with petechiae, pallor, and fever. Lab findings: Hb 8 g/dL, platelets 20,000/µL, WBC 15,000/µL. Which is the next step?

A. Bone marrow biopsy
B. Peripheral blood smear
C. Lumbar puncture
D. Coagulation profile

ANS: A

56. A 8 months old with developmental delay, hypotonia, and almond-shaped eyes has a chromosomal disorder. Which genetic mechanism is involved?

A. Trisomy 21
B. Microdeletion on chromosome 15
C. X-linked recessive mutation
D. Autosomal dominant mutation

ANS: B

57. A 4 months old has a loud, harsh holosystolic murmur at the lower left sternal border. Chest X-ray shows cardiomegaly. Which defect is most likely

A. Ventricular septal defect (VSD.
B. Atrial septal defect (ASD.
C. Patent ductus arteriosus (PDA.
D. Tetralogy of Fallot (TOF.

ANS: A

58. A 4 years old with a history of recurrent pneumonia has digital clubbing and foul-smelling stools. Which test confirms the diagnosis?

A. Chest X-ray
B. Sweat chloride test
C. Serum IgE levels
D. Stool for ova and parasites

ANS: B

59. **A 2 years old presents with fever, barkig cough, and stridor. Which treatment is most effective?**
A. Oral amoxicillin
B. Nebulized epinephrine
C. Oral prednisolone
D. IV ceftriaxone
ANS: C

60. **A 6-month-old infant has failure to thrive, steatorrhea, and recurrent respiratory infections. Sweat chloride test is positive. Which mutation is implicated**
A. CFTR gene
B. PAH gene
C. FMR1 gene
D. SMN1 gene
ANS: A

61. **A 2 days old neonate develops jaundice with total bilirubin of 18 mg/dL (unconjugated.. The mother has blood type O+, and the baby is A+. Which is the most likely diagnosis**
A. Physiological jaundice
B. ABO incompatibility
C. Breastfeeding jaundice
D. Crigler-Najjar syndrome
ANS: B

62. **UDP glucoronyal transferase deficiency is seen in which of the following**
A. Crigglar Najjar Syndrome
B. Gilbert syndrome
C. Rotor syndrome
D. Dubin Johnson syndrome
ANS: A

63. **All of them following regarding Down Syndrome are True Except**
A. Single Palmar Crease
B. Mental Sub normality
C. Low set Ears
D. Wide Space between Big toe and Adjacent toe
ANS: C

64. **A baby presents with features like a small chin, flat nasal bridge, single palmar crease, mental retardation, hypotonia, hypermobility, protruding tongue, umbilical hernia, upward slant of lateral epicanthus, Brushfield spots in the iris, and hyperthyroidism. What is the most likely trisomy of which chromosome?**
A. Trisomy 21 (Down's.
B. Trisomy 22
C. Trisomy 13
D. Fragile X Syndrome
ANS: A

65. **A 1.5 year old girl presents with short stature. She had complaint of abdominal distension and loose bulky stools since weaning started. On examination, weight and height both are low for her age. She is pallor too. Consultant recommended for duedonal biopsy. From which disease baby is suffering?**
A. Celiac disease
B. Crohns disease
C. Tropical sprue
D. Autoimmune enteropathy
ANS: A

66. **A young child has increased BP in upper limbs while decreased BP in lower limbs there is radiofemoral delay. Pulse in also weak probable diagnosis will be**
A. Pre ductaicoarctation of aorta
B. V.S.D
C. Patent ductusarteriosus
D. Post ductal coarctation of aorta
ANS: D

67. **Tuberculin test is performed. Which type of hypersensitivity reaction is present**
A. Type I
B. Type II
C. Type III
D. Type IV
ANS: D

68. Pansystolic murmur and cyanosis is noticed in a downs syndrome baby after 5 weeks of birth diagnosis is which of the following

A. VSD
B. PDA
C. ASD
D. None
ANS: A

69. An 8 year old girl presents in OPD with facial puffiness for two days. She is passing cola-colored urine. She has some periorbital swelling and edema feet. He reports that he saw doctor 10 days ago because he was complaining of a sore throat, but he has otherwise been well. Her urine examination reveals proteinuria+, WBCs 3-4/HPF, few RBCs, and granular cast. Which on eof the following is the most likely diagnosis?

A. Alport's syndrome
B. Goodpasture's syndrome
C. Henocfc Schoniein Purpura
D. Post-Streptococcal glomerulonephritis
ANS: D

70. A 9 year old boy is brought in by his parents with bilateral periorbital oedema, ankle swelling and an increase in body weight, proteinuria present. What is the SINGLE most likely diagnosis?

A. Chronic heart failure
B. Nephrotic syndrome
C. Acute heart failure
D. IgA glomerulonephritis
ANS: B

71. What is the likely cause of a non tender, soft, compressible and brilliantly illuminated swelling around the neck in a 5 year old child with Down-syndrome?

A. Lipoma
B. Hemangloma
C. Cystic hygroma
D. Meningloma
ANS: C

72. A 1.5 year old girl presents with short stature. She had complaint of abdominal distension and loose bulky stools since weaning started. On examination, weight and height both are low for her age. She is pallor too. Consultant recommended for duedonal biopsy. From which disease baby is suffering?

A. Celiac disease
B. Crohns disease
C. Tropical sprue
D. Autoimmune enteropathy
ANS: A

73. What is the likely cause of a non-tender soft, compressible and brilliantly illuminated swelling around the neck in a 5 year old child with down syndrome?

A. Cystic hygroma
B. Hemangloma
C. Lipoma
D. Tropical sprue
ANS: A

74. Which of the following organism causes Congenital Cataract

A. Toxoplasma Gondii
B. Rubella
C. Cytomegalovirus
D. Measles
ANS: B

75. All of the following regarding WAGR Syndrome are true except

A. Wilms tumour
B. Agammaglobulinemia
C. Genitourinary malformation
D. Mental Retardation
ANS: B

76. A 4 years boy came with history of high grade fever, conjunctivitis and Nasal obstruction with Maculopapular rashes. On examination he has small spot on the buccal mucosa most likely diagnosis is

A. Herpes Simplex
B. Measles
C. Rubella
D. Cytomegalovirus
ANS: B

77. A 6 years old child is suffering from cystic fibrosis and complaint off Night Blindness and Photophobia it indicate the deficiency of which of the following

A. Retinol
B. Thiamine
C. Ascorbic acid
D. Calcitriol

ANS: A

78. A 4 year old child has presented with high fever, bloody diarrhea, tenesmus & toxic look. The best drug to be used according to the 'WHO' guidelines

A. Oral Nalidixic acid
B. Oral Ciprofloxacin
C. Oral Clarithromycin
D. Oral Metronidazole

ANS: B

79. If you pull a baby from lying and there is no head lag and the baby holds rattle briefly and is responding with obvious pleasure to friendly handling. The most likely age of child would be.

A. Three months
B. Six months
C. Nine Months
D. Tweleve month

ANS: A

80. One year old child presented with generalized convulsion. There is no history of preseding febrile illness. On examination signs of rickets are presents. Most likely cause of convulsion is:

A. Hypocalcemia
B. Hyponatremia
C. Hypernatremia
D. Hypoglycemia

ANS: A

# PSYCHIATRY

1. A 15-year-old girl, who began menstruating two years ago, has been brought to the clinic with a history of weight loss and amenorrhea over the past three months. She weighed 65 kg three months ago and has been attempting to shed weight through jogging and diet control. Upon clinical examination, her height is 165 cm, weight is 40 kg, pulse is 56/min, and blood pressure is 90/50 mm Hg. She appears dysphoric, but systemic examination does not reveal any remarkable findings. What is the most likely diagnosis?

A. Addison's disease
B. Anorexia nervosa
C. Malignancy
D. Tuberculosis
ANS: B

2: What is the first-line pharmacological treatment for generalized anxiety disorder (GAD.?

A. Benzodiazepines
B. Selective serotonin reuptake inhibitors (SSRIs.
C. Antipsychotic medications
D. Beta-blockers
ANS: B

3: A 35-year-old male with schizophrenia has been prescribed clozapine due to inadequate response to other antipsychotic medications. What is the most important monitoring parameter for this patient?

A. Liver function tests
B. Thyroid function tests
C. Complete blood count (CBC.
D. Renal function tests
ANS: C

4: A 30-year-old male with a history of schizophrenia is prescribed a new antipsychotic medication. He complains of restlessness, an inability to sit still, and a constant need to move. What is the most likely cause of these symptoms?

A. Akathisia
B. Dystonia
C. Parkinsonism
D. Tardive Dyskinesia
ANS: A

5: A 28-year-old woman, 2 weeks postpartum, presents with overwhelming sadness, tearfulness, and difficulty sleeping. She reports feeling inadequate as a mother and has fleeting thoughts of harming her newborn. Which of the following conditions is most likely?

A. Postpartum blues
B. Postpartum depression
C. Postpartum psychosis
D. Postpartum anxiety
ANS: B

6: An 80-year-old man is brought to the emergency room by his daughter. The daughter reports that over the past few months, her father has become increasingly forgetful and disoriented. He often repeats himself and struggles to perform daily tasks. The onset has been gradual. What is the most likely diagnosis?

A. Delirium
B. Alzheimer's disease
C. Vascular dementia
D. Lewy body dementia
ANS: B

**7:** A 32-year-old patient with a history of recurrent major depressive disorder presents with persistent symptoms despite previous trials of selective serotonin reuptake inhibitors (SSRIs.. The psychiatrist decides to augment the current SSRI with an atypical antipsychotic. Which of the following atypical antipsychotics is commonly used as an augmenting agent in the treatment of refractory major depression?

A. Olanzapine
B. Risperidone
C. Quetiapine
D. Aripiprazole
ANS: D

**8:** A combat veteran recently returned from a deployment overseas reports recurrent nightmares, hypervigilance, and flashbacks related to traumatic events experienced during active duty. Which class of medications is considered a first-line pharmacological treatment for PTSD?

A. Benzodiazepines
B. Antidepressants (SSRIs/SNRIs.
C. Antipsychotics
D. Mood Stabilizers
ANS: B

**9:** A motor vehicle accident survivor is experiencing symptoms such as dissociation, intrusive memories, and persistent arousal following the traumatic event. What is the duration criterion for the diagnosis of Acute Stress Disorder (ASD.?

A. At least 1 week
B. At least 2 weeks
C. At least 3 days but less than 4 weeks
D. At least 1 month
ANS: C

**10:** A 28-year-old accountant presents to the clinic with a complaint of spending excessive time each day double-checking his financial reports, fearing that he may have made a mistake. He acknowledges that these thoughts are irrational but feels compelled to perform these rituals to alleviate anxiety. What is the most likely diagnosis?

A. Bipolar Disorder
B. Obsessive-Compulsive Disorder (OCD.
C. Obsessive-Compulsive Personality Disorder (OCPD.
D. Body Dysmorphic Disorder (BDD.
ANS: B

**11:** A 22-year-old college student is excessively concerned about her physical appearance, spending hours each day checking and grooming to hide perceived flaws. Despite reassurances from others, she remains distressed about her appearance. What is the most likely diagnosis?

A. Obsessive-Compulsive Disorder (OCD.
B. Obsessive-Compulsive Personality Disorder (OCPD.
C. Body Dysmorphic Disorder (BDD.
D. Social Anxiety Disorder
ANS: C

**12:** A 35-year-old architect is known for being overly devoted to work, insisting that everything must be done according to his precise standards. He is resistant to delegating tasks to others and often reworks their output to meet his criteria. Colleagues find him difficult to work with due to his inflexibility. What personality disorder is most likely?

A. Antisocial Personality Disorder
B. Narcissistic Personality Disorder
C. Obsessive-Compulsive Personality Disorder (OCPD.
D. Borderline Personality Disorder
ANS: C

**13: A 40yearold patient with a history of mood swings, periods of elevated energy, and decreased need for sleep presents with increased talkativeness and impulsivity. The symptoms have been occurring over the past week. What is the most likely diagnosis, and what is the firstline pharmacological treatment for acute episodes?**

A. Major Depressive Disorder; SSRIs
B. Bipolar Disorder; Lithium
C. Generalized Anxiety Disorder (GAD.; Benzodiazepines
D. Panic Disorder; Tricyclic Antidepressants (TCAs.

ANS: B

**14: A 21-year-old female presents with a persistent fear of gaining weight, even though she is underweight. She engages in restrictive eating and avoids certain foods, resulting in significant weight loss. She also experiences amenorrhea. Which eating disorder is most likely represented in this case?**

A. Bulimia Nervosa
B. Binge-Eating Disorder
C. Avoidant/Restrictive Food Intake Disorder (ARFID.
D. Anorexia Nervosa

ANS: D

**15: A 25-year-old male has recurrent episodes of consuming large amounts of food within a discrete period, during which he feels a lack of control. He compensates for these episodes by engaging in excessive exercise and self-induced vomiting. What is the most likely diagnosis?**

A. Anorexia Nervosa
B. Binge-Eating Disorder
C. Bulimia Nervosa
D. Avoidant/Restrictive Food Intake Disorder (ARFID.

ANS: C

**16. Perception Without Existing Stimulus is**

A. Illusion
B. Hallucinations
C. Delusion
D. Anxiety

ANS: B

**17. A Fixed Unshakable false idiosyncratic belief is**

A. Illusion
B. Hallucinations
C. Delusion
D. Anxiety

ANS: C

**18. Which of the following anti psychotic agents can causes Agranulocytosis**

A. Haloperidol
B. Olanzepine
C. Clozapine
D. Chlorpromazine

ANS: C

**19. A 24 year old woman has been hearing voices and has isolated herself from her friends and family. She first noticed the voices about 2 months ago when she was feeling sad and reported sleeping poorly. She reports that her mood has since improved and denies any current sleep disturbances. What is her most likely diagnosis?**

A. Schizophrenia
B. Schizoaffective disorder
C. Anxiety
D. Depression

ANS: B

**20. A patient previousely known case of Schizophrenia was taking anti psychotic agents but suddenly developed Fever, muscle Rigidity, autonomic instability and Investigation shows elevated CK diagnosed for Neuroleptic malignant syndrome most which of the following agent is given to controll symptoms**

A. Haloperidol
B. Fluoxtine
C. Dantrolene
D. Tranylcypromine

ANS: C

**21. All of the Following regarding Obsessive Compulsive disorder ( OCD. are true Except**

A. Persistent unwanted intrusive thought
B. Patient is egodystonic
C. Pateint don't want to get rid of this problem
D. Repeated acts decreased the anxiety

ANS: C

**22. Sundowning and Fluctuating level of Mental status is seen in**

A. Depression
B. Delirium
C. Dementia
D. Post traumatic stress disorder
ANS: B

**23. A patient with hallucinations is started on risperidone. What monitoring is essential**

A. Weight and metabolic panel
B. ECG for QTc prolongation
C. CBC for agranulocytosis
D. Liver function tests
ANS: A

**24. A patient with schizophrenia experiences involuntary movements of the tongue. What is the cause**

A. Tardive Dyskinesia
B. Acute Dystonia
C. Akathisia
D. Parkinsonism
ANS: A

**25. A patient on haloperidol develops muscle rigidity, fever, and altered mental status. What is the diagnosis**

A. Neuroleptic Malignant Syndrome (NMS.
B. Serotonin Syndrome
C. Dystonic Reaction
D. Tardive Dyskinesia
ANS: A

**26. A 23-year old woman complains of difficulty falling asleep and worsening anxiety that began 2 months earlier after she was involved in a minor biking accident (bike vas car. in which she did not suffer any injuries. Since the accident, she has refused to participate in any outdoor activities. What is her most likely diagnosis?**

A. Adjustment Disorder
B. Post traumatic stress disorder
C. Anxiety
D. Delirium
ANS: A

**27. A patient develops paralysis of the arm after a stressor, with normal MRI. What is the diagnosis**

A. Conversion Disorder
B. Malingering
C. Myasthenia Gravis
D. Stroke
ANS: A

**28. A patient reports chronic pain, fatigue, and GI symptoms with no medical cause. What is the diagnosis**

A. Somatic Symptom Disorder
B. Illness Anxiety Disorder
C. Conversion Disorder
D. Factitious Disorder
ANS: A

**29. A patient with alcohol use disorder develops tremors, sweating, and agitation 24 hours after cessation. What is the immediate concern**

A. Alcohol Withdrawal
B. Delirium Tremens
C. Wernicke's Encephalopathy
D. Korsakoff Syndrome
ANS: A

**30. A patient with unstable relationships, self-harm, and fear of abandonment likely has**

A. Borderline Personality Disorder
B. Bipolar Disorder
C. Dependent Personality Disorder
D. Histrionic Personality Disorder
ANS: A

**31. 59-year old man who lives alone constantly feels that his neighbor's children are spying on him and plotting to break into his home. He has installed security cameras all around his property to obtain proof. He feels he cannot trust the police to do a good job because they will probably take the side of his neighbors.**

A. Paranoid personality
B. Schizoid personality
C. Schizotypal Personality
D. Boarderline Personality
ANS: A

32. 32-year old man who was in juvenile detention for theft as a teenager and presents to your office now via court order after a brutal assault. He says that he does not need to be seen by a shrink and that the victim offended him and deserved the assault.

A. Paranoid Personality
B. Schizoid Personality
C. Antisocial Personality
D. Borderline Personality
ANS: C

33. 33-year old man stays at home to avoid an office party, as he fears having to make small talk. He wants to go, though he is more afraid that he will be inadequate or rejected by others.

A. Paranoid personality
B. Schizoid Personality
C. Dependent Personality
D. Avoidant Personality
ANS: D

34. A 22-year old man frequently washes his hands, refuses to sit on chairs in public places, and will not use public transportation for fear of contracting diseases. He does not think his behaviors are abnormal, nor does he think his behaviors interfere with his daily activities. What is the diagnosis?

A. Obsessive compulsive disorder (OCD.
B. Obsessive compulsive personality (OCPD.
C. Major Depression
D. Post Traumatic Stress Disorder (PTSD.
ANS: B

35. 35-year old woman presents to clinic wearing a very low cut blouse, adjusting her position to draw attention to herself. When she does not get attention, she breaks into tears, saying that no one notice her, not even her friends.

A. Histrionic Personality
B. Narcissistic Personality
C. Avoidant Personality
D. Antisocial personality
ANS: A

36. A defence Mechanism in which someone Transferring feelings or impulses to a more neutral object is

A. Displacement
B. Daniel
C. Projection
D. Regression
ANS: A

37. Which of the following Defense Mechanism is Associated With Borderline Personality disorder

A. Rationalization
B. Regression
C. Splitting
D. Projection
ANS: C

38. Which of the following agent used to reverse the Toxicity of Opoid Toxicity

A. Chlordiazepoxide
B. Naloxone
C. Protamine Sulfate.
D. Atropine
ANS: B

39. A veteran has flashbacks, hypervigilance, and avoids crowded places after combat exposure. What is the diagnosis?

A. Post Traumatic Stress Disorder ( PTSD.
B. Acute Stress Disorder
C. Generalized Anxiety Disorder
D. Social Anxiety Disorder
ANS: A

40. A 57-year old morbidly obese man presents to his physician with concerns about daytime sleepiness and work productivity. He recently received multiple divorce threats from his wife for excessive snoring that sounds like "the snort of a steam engine". What long-term complications are of concern for this. What is the most likely diagnosis?

A. Central Sleep apnea
B. Obstructive sleep apnea
C. Sleep paralysis
D. Conversion Disorder
ANS: B

# SURGERY

1. A 26 years old male presents with a painful, swollen scrotum and fever. On examination, the testis is tender and elevated. What is the most likely diagnosis

A. Testicular torsion
B. Epididymo-orchitis
C. Inguinal hernia
D. Hydrocele
ANS: A

2. A 3 months after excision of lipoma from his right arm, captain of school cricket team is complaining of redness, pruritus and prominence at the wound site during repairing the wound it grows Beyond the Margins of Original Borders. The doctor consoles him and prescribes medicine. What is the likely diagnosis

A Wound infection
B. Keloid
C Contact dermatitis due to new uniform
D. A malignant change at wound
ANS: B

3. A 60 year old villager has presented with history of vomiting clear fluid since 10 days with pain and swelling in his epigastric region. What is his likely status of acid base balance before you get a supporting investigation

A. Metabolic acidosis
B. Metabolic alkalosis
C. Respiratory diagnosis
D. Respiratory acidosis
ANS: B

4. A 20 years old college student sustains multiple injuries in a road- traffic accident. His pulse is 120/min & thread and BP 90/60 mmHg. He has difficult respiration and sweat on his forehead. The diagnosis in this case is:

A. Vasovagal shock
B. Psychogenic shock
C. Neurogenic shock
D. Hemorrhagic shock
ANS: D

5. A middle age male having weight 70 kg brought to them emergency Burn unit after sudden fire in the building in semiconsiounes state on examination he is inactive and cold extremities and there was 10 percent BSA burn according to porkland Formula how much fluid should be given in first 8 hours

A. 1600 ml
B. 1400 ml
C. 2800 ml
D. 2000 ml
ANS: B

6. A 25-year old well built football player is hit by a speeding motor cycle on his right leg. She continues to walk to the emergency. His leg is swollen. His posterior tibia artery is weaker than on the left side. D-ray tibia and fibula show no fracture. What immediate step should be taken by the emergency surgical team

A. Ask for urgent arteriography
B. Elevate the limb on a pillow
C. Urgent Fasciotomy
D. Apply splint to reduce movement
ANS: C

7. A18-month old boy is referred a unilateral selling in the grain. On examination, the right testis is fully descended but the left scrotum is rather underdeveloped and empty. On the medical aspects of the inguinal region was smoth oval swelling which could be gently pushed into the upper scrotum. Which is your diagnosis

A. Direct inguinal hernia
B. Hydrocele
C. Testicular torsion
D. Undescended testis
ANS: D

8. A 65- years old man presents with renal colic. The following day he passes a stone in this urine with analysis revealing that is composed of uric acid. Which one of the following is the most likely cause of this type of renal stone

A. Allopurinal
B. Chronic renal failure
C. Primary
D. Thiazide Diuretic
ANS: D

An 18-month old infant is brought to the A & E department by the childs mother who gives a history or failure to thrive, fever and occasional blood in the nappy. On examination, a renal mass is felt. What is your diagnosis

Angioma of the renal artery

Nephroblastoma

Transitional cell tumor of the Ureter

Transitional coil tumor of the bladder

NS: B

The most Common Chronic Leg ulcer which is usually seen on Gaiter area ( Medial Malleolus. is

Arterial Ulcer

Venous Ulcer

Neuropathic Ulcer

Pressure Ulcer

ANS: B

11. Which of the following is the most common cause of Delayed Wound Healing

A. Vitamin C deficiency

B. Recurrent infection

C. Zinc deficiency

D. Diabetes mellitus

ANS: B

12. Bird Beak appearance On Barium Swallow is Hallmark of which of the following condition

A. Esophageal stricture

B. Achalasia cardia

C. Barret esophagus

D. Esophagitis

ANS: B

13. 25-year old female with pain in right iliac fossa with vomiting was managed conservatively. She was stable when the pain worsened and her fever increased. She required extra peritoneal drainage under usg guidance. What is the diagnosis?

A. Perinephric abscess

B. Acute cholecystitis

C. Appendicular abscess

D. Rupture ectopic

ANS: C

14. Female presents with right hypochondrial pain radiating to the back along with vomiting. On examination, there is guarding in right hypochondrium. She has had similar episodes in the last one year. Diagnosis?

A. Acute pancreatitis

B. Hydatid Cyst

C. Liver abscess

D. Acute cholecystitis

ANS: D

15. Most important element of early treatment of burns is

A Analgesics

B Antibiotics

C I/V Fluid

D Aseptic dressing

E Dressing

ANS: C

16. A 76 yr old male presents with severe abdominal pain. On examination however the abdomen is soft. His ECG shows atrial fibrillation. The most likely cause of acute abdomen is

A Acute pancreatitis

B Biliary colic

C Perforated peptic ulcer

D Acute cholecystitis

E Mesenteric ischemia

ANS: E

17. A 45 yr old male is referred to your consultant clinic with severe peptic ulcer disease refractory to medical therapy. Upper GI endoscopy reveals ulcers in distal duodenum. The most likely pancreatic tumor is

A HP Pomas

B Vipoma

C Insulinoma

D Gulcagonoma

E Zollinger Ellison Syndrome

ANS: E

18. How should the eye be treated if a chemical splashes into in
A A let the eye tear to was the chemical out
B Cover the eye with a loose, moist dressing
C Use milk flush the eye
D Flush the eye with clean drinking water
ANS: D

19. How to monitor the patient having colorectal CA?
A CA 125
B CA 19-9
C CA 15-3
D CEA
ANS: D

20. A patient weight 65 kg Brought to the emergency with history of third degree burn in semi conscious state on exam whole left arm and front of the skull was involved according to parkland formula how much fluid will be given in first 8 hrs
A 1660 ml
B 1755 ml
C 800ml
D 1600 ml
ANS: B

21. Which of the following is the treatment of choice for hypothyroidism?
A Iodide
B Liothyronine
C Liotrix
D Levothyroxine
E Propylthiouracil
ANS: D

22. A 34 yrs old female previously diagnosed by for thyroid cancer and she went under total thyroidectomy but later she developed hoarseness of voice most likely nerve to be Demaged is
A External lyrangeal nerve
B internal phyrangeal nerve
C Recurrent lyrangeal nerve
D Glossophyrangeal nerve
ANS: C

23. The hernia in which herniated part lies lateral to inferior epigastric artery is
A Femoral hernia
B Direct inguinal hernia
C Indirect inguinal hernia
D Incisional hernia
ANS: C

24. A patient presented with complain of nausea , vomiting, bony pain , muscle weakness and chronic constipation lab investigation show increase PTH , increased cAMP and Increase Calcium most likely diagnosis
A Primary hyperthyroidism
B Secondary hyperparathyroidisam
C Primary hyperparathyroidaism
D pseudohyperparathyroidism
ANS: C

25. A 15 yrs old boy ride on bicycle suddenly develop acute testicular pain and brought to emergency on palpition the testes are tender and Prehn sign was positive most likely diagnosis
A Acute epididymitis
B Testicualr torsion
C Orchitis
D Varicocele
ANS: B

26. A 28 yrs old patient presented to the clinic with history of epigastric pain , heart burn , nausea and occasional vomiting and pain is aggravated with eating meal most likely diagnosis
A Gastritis
B Zollinger Ellision syndrome
C Gastric ulcer
D Duodenal ulcer
ANS: C

27. Splenic rupture is characterised by
A Murphy sign
B Collen sign
C Kehr sign
D prehn sign
ANS: C

28. A patient previously diagnosed for testicular cancer it will be metastasis to

A Celiac node

B superior mesenteric node

C Inferior mesenteric node

D Para aortic node

ANS: D

29. Most lethal Hepatitis in pregnancy is

A Hep. B

B Hep. C

C Hep. E

D Hep. A

ANS: C

30. A 36 yrs old male presented with complain of chronic RUQ pain , nausea , vomiting , involuntary purposeless movement and investigation shows decreased- serum ceruloplasmin which of the following is most likely elevated in body

A Iron

B Potasium

C Copper

D Cynide

ANS: C

31. A patient underwent surgery one week ago but later present with complain of infection on wound having a classical greenish discharge most likely organisms involved is

A Staphylococcus aureus

B Streptococcus varidan

C Klebsella

D Pseudomonas aeuroginosa

ANS: D

32. Most common anatomical location for appendix is

A para ceacal

B pre ceacal

C Retro ceacal

D Retro ileal

ANS: C

33. A middle age female having a history of chronic constipation presented with severe intense severe perianal pain during defecation which is even persistent after defection diagnosed for anal fissure what will b suspected

A Fresh blood in stool

B Streak of blood in stool

C Black taary stool

D Grenish stool

ANS: B

34. A person with endemic goiter would be excepted to have:

A Metal retardiation

B High plasma level of TSH

C High level of thyroxine

D Low production of thyroglobulin

E Low plasma level of TSH

ANS: B

35. A patient presented with a lump in his neck. Physical examination revealed a solitary firm thyroid nodules on left side. The nodule does not enhance during imaging. Serum T3, Y4 and TSH are normal but serum calcitonin was raised. Biopsy will reveal which one of the following:

A Parathyroid adenoma

B Follicular carcinoma thyroid

C Papillary carcinoma of thyroid

D medullary carcinoma thyroid

ANS: D

36. Commonest cause of gangrene leading to amputation in our region is:

A. Diabetic foot

B. Drug abuse

C. Trauma

D. Trench foot

E. Frost bite

ANS: A

37. Blood level of which one of the following substance is decreased in Graves disease

A. Triidotyronine (T3.

B. Tetraidothyroxine (T4.

C. Thyroid stimulating hormone (TSH.

D. Lodide (I.

ANS: C

**38. Action of PTH on kidney is:**
A. Increased calcium excretion
B. Reduced calcium absorption from DCT
C. Inhibition of phosphate reabsorption from PCT
D. Increased in urinary excretion of H ion
ANS: C

**39. Drug of choice in DM2 is:**
A. Tolbutamide
B. Metformin
C. Pioglitazone
D. Glipzide
ANS: B

**40. Most important element of early treatment of burns is**
A. Analgesics
B. Antibiotics
C. I/V Fluid
D. Aseptic dressing
E. Dressing
ANS: C

**41. A 76 yr old male presents with severe abdominal pain. On examination however the abdomen is soft. His ECG shows atrial fibrillation. The most likely cause of acute abdomen is**
A. Acute pancreatitis
B. Biliary colic
C. Perforated peptic ulcer
D. Mesenteric ischemia
ANS: D

**42. A 45 yr old male is referred to your consultant clinic with severe peptic ulcer disease refractory to medical therapy. Upper GI endoscopy reveals ulcers in distal duodenum. The most likely pancreatic tumor is**
A. HP Pomas
B. Vipoma
C. Zollinger Ellison Syndrome
D. Gulcagonoma
ANS: C

**43. How to monitor the patient having colorectal CA?**
A. CA 125
B. CA 19-9
C. CA 15-3
D. CEA
ANS: D

**44. A patient weight 65 kg Brought to the emergency with history of third degree burn in semi conscious state on exam whole left arm and front of the skull was involved according to parkland formula how much fluid will be given in first 8 hrs**
A. 1660 ml
B. 1755 ml
C. 800ml
D. 1600 ml
ANS: B

**45. A 34 yrs old female previously diagnosed by for thyroid cancer and she went under total thyroidectomy but later she developed hoarseness of voice most likely nerve to be Demaged is**
A. External lyrangeal nerve
B. internal phyrangeal nerve
C. Recurrent lyrangeal nerve
D. Glossophyrangeal nerve
ANS: C

**46. The hernia in which herniated part lies lateral to inferior epigastric artery is**
A. Femoral hernia
B. Direct inguinal hernia
C. Indirect inguinal hernia
D. Incisional hernia
ANS: C

**47. A patient presented with complain of nausea , vomiting, bony pain , muscle weakness and chronic constipation lab investigation show increase PTH , increased cAMP and Increase Calcium most likely diagnosis**
A. Primary hyperthyroidism
B. Secondary hyperparathyroidisam
C. Primary hyperparathyroidaism
D. pseudohyperparathyroidism
ANS: C

**48. A 15 yrs old boy ride on bicycle suddenly develop acute testicular pain and brought to emergency on palpition the testes are tender and Prehn sign was positive most likely diagnosis**
A. Acute epididymitis
B. Testicualr torsion
C. Orchitis
D. Varicocele
ANS: B

**49. A 28 yrs old patient presented to the clinic with history of epigastric pain , heart burn , nausea and occasional vomiting and pain is aggravated with eating meal most likely diagnosis**

A. Gastritis
B. Zollinger Ellision syndrome
C. Gastric ulcer
D. Duodenal ulcer
ANS: C

**50. Splenic rupture is characterised by**

A. Murphy sign
B. Collen sign
C. Kehr sign
D. prehn sign
ANS: C

**51. A patient previously diagnosed for testicular cancer it will be metastasis to**

A. Celiac node
B. superior mesenteric node
C. Inferior mesenteric node
D. Para aortic node
ANS: D

**52. Most lethal Hepatitis in pregnancy is**

A. Hep. B
B. Hep. C
C. Hep. E
D. Hep. A
ANS: C

**53. A patient underwent surgery one week ago but later present with complain of infection on wound having a classical greenish discharge most likely organisms involved is**

A. Staphylococcus aureus
B. Streptococcus varidan
C. Klebsella
D. Pseudomonas aeuroginosa
ANS: D

**54. Most common anatomical location for appendix is**

A. para ceacal
B. pre ceacal
C. Retro ceacal
D. Retro ileal
ANS: C

**55. A middle age female having a history of chronic constipation presented with severe intense severe perianal pain during defecation which is even persistent after defection diagnosed for anal fissure what will b suspected**

A. Fresh blood in stool
B. Streak of blood in stool
C. Black taary stool
D. Grenish stool
ANS: B

**56. A patient presented with a lump in his neck. Physical examination revealed a solitary firm thyroid nodules on left side. The nodule does not enhance during imaging. Serum T3, Y4 and TSH are normal but serum calcitonin was raised. Biopsy will reveal which one of the following:**

A. Parathyroid adenoma
B. Follicular carcinoma thyroid
C. Papillary carcinoma of thyroid
D. medullary carcinoma thyroid
ANS: D

**57. Commonest cause of gangrene leading to amputation in our region is:**

A. Diabetic foot
B. Drug abuse
C. Trauma
D. Trench foot
E. Frost bite
ANS: A

**58. Action of PTH on kidney is:**

A. Increased calcium excretion
B. Reduced calcium absorption from DCT
C. Inhibition of phosphate reabsorption from PCT
D. Increased in urinary excretion of H ion
ANS: C

59. A 36 year old school teacher is brought to the A&E after she developed severe colicky abdominal pain and absolute constipation 6 hours back. She complains of absolute constipation and vomiting. Her abdomen is tense and tender with absent gut sounds. Planning for her laparotomy, you advise a plain x-ray abdomen which an 'inverted U' loop of bowel running across the abdomen from right to left. What is the most likely cause of acute abdomen in this patient?

A. Intussusception
B. Pyloric outlet obstruction
C. Jejunal atresia
D. Sigmoid volvulus
ANS: A

60. A patient presented in clinic with swelling in this right hand after road traffic injury. On examination it was found to be involving the thenar space. Which of the following nerve is most likely to be compressed in this condition?

A. Axillary
B. Median
C. Radial
D. Ulnar
ANS: B

61. A 20 year old female presentes in outpatient department with history of abdominal distension, vomiting and absolute constipation for the last 24 hours. She has been having such episodes for the past 1 year and has noticed weight loss. A diagnosis of ileocaecal TB was made. Please identify the best investigation to confirm the diagnosis.

A. Colonoscopy and biopsy
B. CT abdomen
C. Laproscopic biopsy
D. Ultrasound abdomen
ANS: C

62. A 45-year old weight lifter presented to the surgical OPD with the complaint of the dull pain in the lower right quadrant of his abdomen during weight lifting diagnosed a case of inguinal hernia. During surgical repair, doctor found a small hermia sac with small kunckle of intestinal projecting through the abdominal wall just above the inguinal ligament lateral to the inferior epigastric artery. The most likely type of this hernia is:

A. Congenital
B. Direct Inguinal
C. Femoral
D. Indirect Inguinal
ANS: D

63. A 78-year old woman is found unresponsive to pain or speech on the ward by a nurse 3 days after carotid endarterectomy. On examination there is no speech, no eye-opening to pain, and there is abnormal rigid extension of her arms and legs. What is the most likely Glasgow Coma Scale (GCS. of this patient?

A. 4
B. 6
C. 8
D. 10
ANS: D

64. A 36-year old woman gives history of recent blunt trauma to her right breast and presents with a painless lump with skin tethering in the smae breast. The most likely diagnosis is:

A. Traumatic fat necrosis
B. Carchinoma breast
C. Fibroadinosis
D. Fibroadenoma
ANS: A

65. A 60-year old female presents with history of sudden and severe abdominal pain. TLC was 20,000 pulse 120/min. Examination of abdoen shows tenderness and rigidity. X-ray abdomen shows dilated bowel loops. U/S shows cholelethiasis. Her serum amylase was 300iu/ml. What is the most likely clinical diagnosis?

A. Acute cholecystitis
B. Acute pancreatitis
C. Acid Peptic disease
D. Perforated peptic ulcer
ANS: B

66. A 65 yrs old male presented by family member to Physician with complain of progressive weakness, fatigue, dizziness and Weight loss. On examination the patient look pallor and ill. Blood CP show decreased Hb and MCV is 68 fl most likely diagnosis.

A. Anal fissure
B. Colorectal carcinoma
C. Anal Fistula
D. Chron Disease
ANS: B

67. All of the following regarding crohn disease are true except.

A. Transmural involvement
B. Ileocecal junction are affected commonly
C. Incresae risk of malignancy
D. Skip lesion are seen
ANS: C

69. Which one ot the earliest signs of cavernous sinus thrombosis is deficit in the function of the:

A. Ophthalmic division of the trigeminal nerve
B. Maxillary division of the trigeminal verve
C. Oculomotor nerve
D. Abducent nerve
ANS: D

70. A man was trying to protect his face during a bank robbery be was stabed with knife in anterior forearm. He cannot abduct and abduct his fingers and has lost adduction of thumb also. The injured nerve will be:

A. Deep branches of ulnar nerve
B. Superficial branches of ulnar nerve
C. Deep branches of radial nerve
D. Superficial branches of Axillary nerve
ANS: A

71. A 20-years young boy presented with fever, headache vomiting. He is having neck stifness and alter mental status with hallucination which among following is brain eating parasite?

A. Naegleria Fowleri
B. Entamoeba Histolytica
C. Amoeba Proteus
D. Chaos Carolinense
ANS: A

72. A girl presented with ascites, right side pleural effusion, Abdominopelvic mass in ovary extending upto the hypochondrium. X-ray chest shows signs of metastasis. Which of the following is marker of ovarian CA?

A. CEA19
B. CA125
C. B-HCG
D. AFP
ANS: B

73. Carcinoma of prostate spreads to which of the following AREA?

A. Vertebrae
B. Ribs
C. Pelvic bones
D. Skull
ANS: A

74. Type of hypersensitivity in TB

A. Type 1
B. Type 2
C. Type 3
D. Type 4
ANS: D

75. Patient fall on an outstretched hand and gets fracture of the scaphoid bone. Damage to the scaphoid bone causes injury to:
A. Radial Artery
B. Ulnar Artery
C. Brachial Artery
D. Anterior Interosseous Artery
ANS: A

76. A 45-year old female having retrosternal chest pain and nausea is under yearly surveillance endoscopy for changes in the esophagus with velvety esophagus and columnar epithelium due to chronic GERD. the biopsy reveals a moderately differentiated adenocarcinoma. What is the major risk factor in this patient?
A. Barrett's esophagus
B. Long standing achalasia
C. Corrosive stricture
D. Alcohol abuse
ANS: A

77. A patient with atrophy of thenar muscles and 1st lumbrical muscle affected, nerve involved is?
A. Median
B. Radial
C. Ulnar
D. None of above
ANS: A

78. A patient came in emergency with diplopia, occipital headache describe it as "Worst headache" and deteriorating counscious level. Examination reveals neck stiffness. CT scan shwos brain hemorrhage. CSF is blood stained. What is the diagnosis?
A. Subdural hematoma
B. Arachnoid hematoma
C. Spinal Hematoma
D. Subarachnoid Haemorrhage
ANS: D

79. Which of the following is incorrect
A. kehr sign (splenic rupture.
B. Murphy sign (Cholecystitis.
C. Brudzinki sign (Meningitis.
D. Grey turner sign (Intussessception.
ANS: D

80. Double bubble sign on x ray is, seen in
A. Duodenal atresia
B. Mesenteric ischemia
C. intussessception
D. pyloric stenosis
ANS: A

81. The lateral border of femoral triangle is formed by
A. Pectineus
B. Adductor longus
C. Sartorius
D. Adductor brevis
ANS: C

82. Which of the following is the most precise diagnostic screening procedure for differentiating benign thyroid nodules from malignant ones?
A. Thyroid scintiscan
B. Thyroid Ultrasonography
C. Thyroid Hormone Suppression
D. Fine-Needle-aspiration biopsy
ANS: D

83. Patient present with headache, fever, and neck stiffness, lumber puncture reveals turbid appearance of CSF, Low Glucose, increased protein and predominantly neutrophils. What is the most likely diagnosis?
A. Viral meningitis
B. Bacterial Meningitis
C. Fungal Meningitis
D. Subarachnoid Hemorrhage
ANS: B

84. A child is brought for abnormal scratching behavior and perianal itching. His mom reports that he has been scratching his anus for the past few days, His bowel movements and appetite have been normal. On physical exam, there is some erythema and excoriations from scratching around his anus. How to diagnose this condition.
A. Stool examination
B. Scraping of Perianal Skin
C. With a blood Test
D. Blood Sample
ANS: A

85. **Musician nerve of body is**
A. Median nerve
B. Musculocutaneous nerve
C. Ulnar nerve
D. Radial nerve
ANS: C

86. **Dr. Sana is operating a patient with myocardial infarction; she will prefer following structure for the bypass graft.**
A. Femoral Vein
B. Great saphenous Vein
C. Small Saphenous Vein
D. Profunda Femoris Vein
ANS: B

87. **While playing football a person falls on the ground because of loss of abduction of the tibia on femur. Dr. Sheharyar is of the opinion that ligament has been injured. The most likely structure is:**
A. Lateral collateral ligament
B. Capsule of knee joint
C. Medial Collateral Ligament
D. Ligamentum Patellae
ANS: A

88. **The vein responsible to b initially congested in internal hemorrhoids is**
A. Superior mesenteric artery
B. Portal vein
C. Inferior mesenteric artery
D. Pudendal artery
ANS: C

89. **Bird beak appearance on barium swallow seen in**
A. Esophageal atresia
B. Achalasia Cardia
C. Esophageal Cancer
D. Diffuse esophageal Spams
ANS: B

90. **Best agent for urnary tract infection is**
A. Ciprofloxacin
B. Levofloxacin
C. Norfloxacin
D. Oflaxacin
ANS: A

91. **Following a cholecystectomy, a patient presents with jaundice, high-grade fever, and rigors. What is the initial step in managing this patient's condition?**
A. Ultra sound scan
B. Liver function test
C. MRCP
D. Exploratory laparotomy
ANS: B

92. **A 90-year-old woman undergoes an abdominal ultrasound and is found to have gallstones. She seeks advice from her surgeon for treatment. Which option is most likely to be recommended by the surgeon?**
A. Leave well alone
B. Laparoscopic cholecystectomy
C. Open cholecystectomy
D. Mini-cholecystectomy
ANS: A

93: **In a 19-year-old female who recently had an open appendectomy for purulent appendicitis, she develops purulent wound discharge on the 5th postoperative day. How should the wound be managed?**
A. Closure with continuous suture
B. Closure with interrupted suture
C. Daily dressing with delayed closure
D. Closure with corrugated drain
ANS: C

94: **In a middle-aged female presenting with acute upper abdominal pain, jaundice, and fever, and with an ultrasound indicating the presence of a gallstone in the gallbladder and a single stone in the common bile duct (CBD., what is the most appropriate treatment option?**
A. Conservative management
B. Cholecystectomy and common bile duct exploration, with T-tube drainage
C. Removal of CBD stone with ECRP followed by laparoscopic cholecystectomy
D. Cholecystectomy and choledocoho-duodenostomy
ANS: C

95: What is the recommended treatment for a 33-year-old male who presents with off-and-on bleeding per rectum, mainly associated with straining at stool, and is found to have pea-sized engorged veins inside the anal canal at 3 and 11 o'clock positions on proctoscopy?

A. Banding
B. Hemorrhoidectomy
C. Laxative
D. Sclerotherapy
ANS: A

96: Which is the most appropriate method to monitor this 50-year-old housewife who underwent surgery for cecum carcinoma, received chemotherapy, and currently shows no symptoms of recurrence?

A. Carcinoembryonic antigen (CEA.
B. Colonoscopy
C. CT scan abdomen
D. Occult blood in stool
ANS: C

97: In a 55-year-old male with a newly diagnosed 3 cm localized Gastrointestinal Stromal Tumor (GIST. in the stomach, which management approach is the most appropriate?

A. Distal 2/3 gastrectomy
B. Wedge resection of the tumor
C. Total gastrectomy
D. Endoscopic resection
ANS: B

98: Which organ is most likely affected in an 18-year-old married woman who presents with pain in the right iliac fossa, vomiting, tenderness in the right iliac fossa, fever, and an elevated white blood cell count, with her last menstrual period occurring three months ago?

A. Appendix
B. Ovary
C. Caecum
D. Fallopian tube
ANS: A

99: Which is the most appropriate treatment for a 30-year-old male experiencing rectal bleeding primarily associated with straining at stool and the presence of swollen, protruding veins at the 3, 7, and 11 o'clock positions around the anus that do not remain inside when pushed in gently?

A. Banding
B. Hemorrhoidectomy
C. Laxative
D. Sclerotherapy
ANS: A

100: Which of the following is the most likely cause of the 30-year-old male's condition after undergoing an uneventful splenectomy earlier in the day? He now presents with a pulse rate of 120 per minute, a blood pressure of 90/50 mmHg, and a urine output of less than 60 ml per hour.

A. Basal atelectasis
B. Gastric perforation
C. Portal vein thrombosis
D. Secondary hemorrhage
ANS: D

101: In the surgical repair of a direct inguinal hernia, the surgeon should identify the hernial sac in relation to specific anatomical structures. Which of the following accurately describes the location of the hernial sac during this procedure?

A. At the deep inguinal ring
B. Inside the internal spermatic fascia
C. Lateral to inferior epigastric artery
D. Medial to the inferior epigastric artery
ANS: D

102: Which of the following treatment options is the most suitable for a 22-year-old male with first-degree bleeding hemorrhoids?

A. Surgical hemorrhoidectomy
B. Cryosurgery
C. Injection sclerotherapy with 5% phenol in almond oil
D. Diathermy coagulation
ANS: C

**103:** A 45-year-old weight lifter presented to the surgical OPD with the complaint of the dull pain in the lower right quadrant of his abdomen during weight lifting, diagnosed a case of inguinal hernia. During surgical repair, doctor found a small hernia sac with small kunckle of intestinal projecting through the abdominal wall just above the inguinal ligament lateral to the inferior epigastric artery. The most likely type of this hernia is:

A. Congenital
B. Direct inguinal
C. Femoral
D. Indirect inguinal
ANS: D

**104:** Which clinical sign or examination finding is most likely to aid in reaching a definitive diagnosis for a 13-year-old boy presenting with moderate fever, right lower abdominal pain, and vomiting persisting for 36 hours? The pain initially started around the umbilical area but has now localized to the right lower abdomen for the past 12 hours.

A. Obturator sign
B. Murphy's sign
C. Rebound tenderness at McBurney's point
D. Tenderness in the right lower abdomen
ANS: C

**105:** Which diagnostic imaging modality is the most appropriate for evaluating a soft, non-tender, 4x4 cm round swelling in the midline between the xiphisternum and umbilicus, which increases in size when the patient raises her head and shoulders while lying supine in a 45-year-old female?

A. Magnetic resonance imaging
B. Gastroscopy
C. Plain X-ray abdomen
D. Ultrasound abdomen
ANS: D

**106:** A 20-year-old male who recently underwent an appendectomy presents to the emergency room with green-colored vomiting, abdominal distension, and constipation lasting for two days. On examination, his abdomen is distended, mildly tender all over, with resonant percussion notes and sluggish gut sounds. What is the most likely diagnosis?

A. Acute cholecystitis
B. Appendicular abscess
C. Intestinal obstruction
D. Ileus
ANS: C

**107:** What is the appropriate management for a 34-year-old man who undergoes an uncomplicated appendectomy for acute, non-perforated appendicitis, but the pathology report reveals acute inflammation along with a 1-cm adenocarcinoma located in the middle of the appendix?

A. Observation without additional treatment
B. Administration of chemotherapy
C. Application of localized radiation therapy
D. Performance of a right hemicolectomyTop of Form
ANS: D

**108:** During which phase of perioperative care is the patient most closely monitored for vital signs, anesthesia administration, and surgical progress?

A. Preoperative phase
B. Intraoperative phase
C. Postoperative phase
D. Recovery phase
ANS: B

**109:** Which of the following diagnostic tests is commonly performed during the preoperative workup to assess cardiac risk?

A. Serum electrolyte panel
B. Pulmonary function tests
C. Electrocardiogram (ECG.
D. Complete blood count (CBC.
ANS: C

110: What is the primary purpose of preoperative assessment in perioperative care?

A. To decide on the type of anesthesia to be used
B. To assess the patient's eligibility for surgery and optimize their health
C. To confirm the surgical schedule
D. To obtain informed consent from the patient
ANS: B

111: Which of the following laboratory tests is commonly performed as part of the preoperative workup to assess coagulation status?

A. Complete blood count (CBC.
B. Serum electrolyte panel
C. Liver function tests (LFTs.
D. Thyroid function tests (TFTs.
ANS: A

112: A 25-year-old male patient, who underwent a splenectomy for trauma, has developed oliguria 10 hours post-surgery, even after receiving 100 ml of normal saline per hour. There has been no fluid output from the surgical drains. What is the most appropriate course of action for managing oliguria in this patient?

A. Blood transfusion
B. Diuretics
C. Haemodialysis
D. Immediate circulatory volume expansion
ANS: D

113: A 52-year-old man has been referred to you due to experiencing on-and-off episodes of hematuria for the past 3 months. On physical examination, no abnormalities are detected. Both his urine and blood examinations, as well as intravenous urography, appear normal. What is the most appropriate next investigation for this patient?

A. C.T scan
B. Cystoscopy
C. Renal Ultrasound
D. Detailed report (D/R.
ANS: B

114: A 45-year-old male presents with a sudden onset of severe colicky flank pain radiating to the groin. On examination, he appears uncomfortable and restless. Which of the following is the most likely diagnosis?

A. Acute prostatitis
B. Epididymo-orchitis
C. Renal colic due to a ureteral stone
D. Testicular torsion
ANS: C

115: A 55-year-old man with a history of smoking presents with hematuria. Imaging reveals a solid, enhancing renal mass. What is the most likely diagnosis?

A. Benign prostatic hyperplasia
B. Renal cell carcinoma
C. Bladder cancer
D. Testicular cancer
ANS: B

116: A 38-year-old male is presented in the emergency room following a road traffic accident. He appears pale, with a pulse rate of 120 beats per minute, a blood pressure of 90/60 mmHg, and a respiratory rate of 20 breaths per minute. Upon examination, he exhibits multiple right-sided rib fractures, reduced breath sounds, and a dull percussion note. What is the most likely diagnosis?

A. Flail chest
B. Hemothorax
C. Open pneumothorax
D. Tension pneumothorax
ANS: B

117: What is the most likely diagnosis for a 36-year-old male brought to the emergency room after an assault, presenting with hypoxia, a pulse of 110/minute, blood pressure of 100/70 mmHg, and a respiratory rate of 20 breaths/minute? On examination, he has multiple rib fractures on the right side, and there is paradoxical movement of a segment of the chest wall.

A. Flail chest
B. Hemothorax
C. Open pneumothorax
D. Tension pneumothorax
ANS: A

118: In a 37-year-old male who underwent left-sided chest tube placement for traumatic left hemithorax 15 days ago and has been experiencing high-grade fever for the past 4 days, with frank pus drainage from the chest tube and a CT scan revealing a dense, loculated collection confined to the lower two-thirds of the chest, what is the most appropriate management?

A. Placement of a new chest tube
B. Instillation of fibrinolytic agent
C. Thoracotomy and decortication
D. Insertion of 2 chest tubes
ANS: C

119: A 70-year-old female with advanced dementia presents to the emergency room after slipping in the bathroom and experiencing right hip joint pain. X-rays reveal a Garden I fracture, with the femoral head slightly tilted into valgus and impacted on the femoral neck stump. The trabecular alignment is intact. What is the most appropriate treatment option for this patient's hip fracture?

A. External Fixator Application
B. Non-operative management
C. Partial Hip Arthroplasty
D. Total Hip Replacement
ANS: B

120: A 70-year-old woman experienced a bathroom slip and cannot bear weight on her right lower limb. Her limb displays external rotation, abduction, and is shortened by 4 cm. Which of the following injuries is most likely?

A. Hip dislocation
B. Fracture shaft femur
C. Intertrochanteric fracture
D. Tibial plateau fracture
ANS: A

121: A 20-year-old male patient arrives at the emergency room with a scapular acromion fracture, and X-ray reveals minimal displacement. What is the most appropriate treatment approach for this case?

A. Close reduction and internal fixation
B. External Fixator Application
C. Non-operative management
D. Open reduction and internal fixation
ANS: C

122: Which type of fracture is most probable in a 33-year-old man who arrives at the emergency room with right leg pain, swelling, and deformity after a fall? On X-ray examination, there are multiple fragments of the tibia, but they are minimally displaced, while the fibula remains intact.

A. Comminuted
B. Compression
C. Greenstick
D. Impacted
ANS: A

123: A 25-year-old man arrives at the emergency room with trauma to the middle of his arm. There are no visible external wounds. X-rays reveal a transverse fracture of the humerus in the middle shaft with less than one centimeter of displacement and no angulation. What is the initial and most appropriate treatment option?

A. Close reduction and internal fixation
B. External Fixator Application
C. Non-operative management
D. Open reduction and internal fixation
ANS: C

124: A 37-year-old man presents 3.5 months after neglected traumatic posterior dislocation of hip. He complains of pain and is unable to walk without crutches. What is the most suitable treatment option?

A. Bipolar hip arthroplasty
B. Hemiarthroplasty
C. Open relocation combined with arthrodesis
D. Total hip arthroplasty
ANS: C

125: What is the gold standard diagnostic test for deep vein thrombosis (DVT.?

A. Doppler ultrasound
B. D-dimer assay
C. Venography
D. Magnetic resonance imaging (MRI.
ANS: C

126: Which surgical procedure is typically performed for the treatment of carotid artery stenosis to reduce the risk of stroke?

A. Carotid endarterectomy (CEA.
B. Carotid artery angioplasty
C. Carotid artery bypass surgery
D. Carotid artery ligation
ANS: A

127. 40 years old male came to OPD with a classical complain of heart burn, epigastric pain with dysphagia and regurgitation aften made worse by stooping and lying. Which one of the following test would be considered as an investigation of choice?

A. Barium swallow
B. Endoscopy
C. X-ray chest
D. 24 hrs pH monitoring
ANS: D

128. After intraductal papilloma, unilateral bloody nipple discharge from one duct orifice is most commonly caused by which of the following pathologic condition?

A. Paget's disease of the nipple
B. Intraductal carcinoma
C. Inflammatory carcinoma
D. Subareolar mastitis
ANS: A

129. A young man is brought to emergency department in an unconscious state after RTA, physical examination shows no any findings. CT scan was done which reveal characteristic BI-Convex lesion. What is the most likely diagnosis?

A. Sub arachnoid haemorrhage
B. Extra dural hematoma
C. Sub dural hematoma
D. Cerebral laceration
ANS: B

130. A marker for the diagnosis of pancreatic cancer is:

A. CA 15-3
B. CA 19-9
C. Alphafetoprotein (AFP.
D. Carcinoembryonic antigen (CEA.
ANS: B

131. A 74 yr old woman brought in for respiratory distress and altered mental status. Her medial history records right sided hemiplegia from a stroke several years ago. She has blood pressure 86/52, heart rate 123 B PM, breathing rate 33 BrPM, temperature 102.3oF, and O 2 sat 84%. Exam reveals rhonchi bilaterally with "E to Ah" changes and warm extremities with faint pulses, Chest x-ray shows bilateral infiltrates. What is the likely etiology of this patient's hypotension?

A. Neurogenic shock
B. Septic shock
C. Hemorrhagic shock
D. Hypovolemic shock
ANS: B

132. A 60 yr old smoker and occasional drinker presents to the ER with severe pain in the epigastrium radiating to the back. He is feeling nauseated and has vomited twice. Lab shows markedly raised amylase and lipase and low serum calcium. What is the most likely diagnosis?

A. Acute pancreatitis
B. Acute cholecystitis
C. Acute appendicitis
D. Acute intestinal obstruction
ANS: A

133. A 53 yr old obese man presents with sudden onset of abdominal pain that radiates to his right shoulder. The patient also says he has vomited blood earlier in the day. The patient has a full bottle of esomeprazole in his pocket and says he uses those for his heartburn. Physical examination reveals rebound tenderness in the midepigastrum.Upright chest x-ray shows air under the diaphragm. What is the most likely diagnosis?
A. Gastric perforation
B. Hemorrhagic ulcer
C. Cholecystitis
D. Ischemic colitis
ANS: A

134. The size of a catheter or instrument refers to which one of the following?
A. Inside circumference
B. Inside diameter
C. Outside circumference
D. Outside diameter
ANS: B

135. A patient suffered from fracture of pelvis after a run over injury. He was crying due to pain and was unable to void urine. On examination there was fresh blood on the tip of his penis. Which one the following would be the next step?
A. Foley catheterization
B. Suprapubic catheterization
C. Urethroscopy
D. Urethrography
ANS: B

136. A 45 year diabetic sustained a bomb blast injury with a wound on left leg. Few days later he developed local wound pain and crepitus with thin, brown and sweet smelling discharge. What is the most likely diagnosis?
A. Acute abscess
B. Acute cellulitis
C. Gas gangrene
D. Necrotizing fasciitis
ANS: C

137. A 35 year old febrile female presents in emergency, on 5th post operative day after appendectomy, with pus discharging from lateral aspect of wound and TLC of 13000/mm3 What will be the first step of management in this case?
A. Change dressing
B. I/V antibiotics
C. Oral analgesia
D. Remove stitches
ANS: B

138. How long is the decisive period for which pre-operative antibiotic are given?
A. 0.5 hours
B. 2 hours
C. 4 hours
D. 6 hours
ANS: C

139. The best diagnostic tool for arterial disease in clinical practice which one of the following?
A. Angiography
B. CT scan
C. Doppler Ultrasound/ Duplex scan
D. X-ray of the affected area
ANS: A

140. A young football player became unconscious after sustaining a head injury. He regained consciousness within a minute, played the rest of the match and went back to the hotel to sleep. He was found dead in the morning. Which one of the following is the most likely cause of his death?
A. Cervical spine injury
B. Epidural hematoma
C. Intra cerebral bleed
D. Subdural hematoma
ANS: B

141. A 30 year old female undergoes exploratory laparotomy for a perforated appendix. On the 8th postoperative day, the abdomen was distended with absent gut sounds. X-ray abdomen shows dilated small and large bowel loops. She also has hypokalemia. What is the most likely diagnosis?

A. Adhesive obstruction
B. Mechanical Bowel Obstruction
C. Volvulus
D. Paralytic ileus
ANS: D

142. A 12 year old girl reports to medical OPD with a history of prolonged bleeding with trivial injuries since long. Family history is positive. Investigations reveal Bleeding Time=20 min, Clotting Time =8 min, Platelet count =180,000/microLitre. The patient is most likely suffering from

A. Idiopathic thrombocytopenic purpura
B. Liver failure
C. Functional platelet defect
D. Hyperspelenism
ANS: D

143. A 70 year old man with an expansile pulsatile mid-abdominal mass is admitted to the surgical ward for further workup. What is the most appropriate investigation most likely to confirm the underlying cause of lump in this patient?

A. Ultrasound abdomen
B. Venography
C. Doppler ultrasound
D. Aortography
ANS: A

144. A person suffered a crushing injury of his arm. There was tissue death due to loss of blood supply. Which type of pathological processes is most likely to be found?

A. Coagulation necrosis
B. Enzymatic necrosis
C. Fibrinoid Necrosis
ANS: A

145. A 42 year old male came in an ER with epigastric pain, hematemesia dn amelena for 1 day. Which of the following is the most suitable investigation?

A. Barium Swallow
B. Duodenal Biopsy
C. H-Pylori antibody titer
D. Upper GI endoscopy
ANS: D

146. A 46 year old person was admitted with acute abdominal pain, with migratory thrombophlebitis. What is the most likely diagnosis?

A. Acute pancreatitis
B. Chronic relapsing pancreatitis
C. Carcinoma pancrease
D. Diabetes Mellitus
ANS: C

147. A 30-year old male arrives in the emergency room 30 minutes after a motor vehicle accident. The patient's pulse rate is 91/min, and blood pressure measures 110/70 mmHg.Upon examination, a substantial, disorderly wound is abserved on the anterior aspect of the right thigh. The surgical resident plans to transform this wound into a more organized state. Which of the following characteristic is most appropriate to categorize this wound as the untidy variety?

A. Skin edges with bleeding
B. Neatly sliced skin edges
C. Heavily embedded dirt
D. Minimal skin loss
ANS: C

148. A 35 year old female with a history of Crohn's disease presents with severe abdominal pain and fever. Physical examination reveals tenderness in the right lower quadrant. CT scan shows inflammation and thickening of the terminal ileum with an abscess. What is the most appropriate initial management?

A. Intravenous antibiotics and observation
B. Surgical resection of the affected bowel segment
C. Corticosteroid therapy
D. Endoscopic dilation
ANS: B

149. A 45 yr old male is referred to your consultant clinic with severe peptic ulcer disease refractory to medical therapy. Upper GI endoscopy reveals ulcers in distal duodenum. The most likely pancreatic tumor is
A. HP Pomas
B. Vipoma
C. Insulinoma
D. Zollinger Ellison Syndrome
ANS: E

150. A patient weight 65 kg brought to the emergency with history of third degree burn in semi conscious state on exam whole left arm and front of the skull was involved according to parkland formula how much fluid will be given in first 8 hrs.
A. 1660 ml
B. 1755 ml
C. 800 ml
D. 1600 ml
ANS: B

151. A 45-year-old male comes to the emergency department with a history of sudden severe abdominal pain. On examination, he has board-like abdominal rigidity. Erect chest X-ray shows free air under the diaphragm. What is the most likely diagnosis?
A. Acute pancreatitis
B. Perforated peptic ulcer
C. Acute cholecystitis
D. Acute appendicitis
ANS: B

152. A 60-year-old male smoker presents with hematuria, weight loss, and a left-sided varicocele. CT abdomen shows a mass in the left kidney. What is the most likely diagnosis?
A. Renal cell carcinoma
B. Transitional cell carcinoma
C. Wilms tumor
D. Bladder carcinoma
ANS: A

153. A 25-year-old male involved in a road traffic accident presents with shortness of breath, hypotension, and distended neck veins. Breath sounds are absent on the right side. What is the most appropriate immediate management?
A. Chest X-ray
B. Needle decompression
C. Endotracheal intubation
D. Thoracotomy
ANS: B

154. A 40-year-old obese woman presents with right upper quadrant pain after fatty meals. Ultrasound shows gallstones. What is the most definitive treatment?
A. Antibiotics
B. Ursodeoxycholic acid
C. Cholecystectomy
D. ERCP
ANS: C

155. A 50-year-old man complains of dysphagia to solids progressing to liquids over months. Barium swallow shows a "bird beak" appearance. What is the most likely diagnosis?
A. Achalasia cardia
B. Esophageal cancer
C. Esophageal stricture
D. Gastroesophageal reflux disease
ANS: A

156. A 20-year-old football player presents with anterior shoulder pain after falling on an outstretched arm. Examination reveals flattening of the shoulder contour. What is the most probable diagnosis?
A. Shoulder dislocation
B. Rotator cuff injury
C. Clavicle fracture
D. Acromioclavicular separation
ANS: A

157. A 7-year-old boy presents with a swelling in the midline of the neck that moves with swallowing. What is the most likely diagnosis?
A. Thyroglossal cyst
B. Branchial cyst
C. Dermoid cyst
D. Cystic hygroma
ANS: A

158. A 65-year-old man complains of difficulty urinating and a weak urinary stream. PSA is elevated. Digital rectal exam reveals a hard, irregular prostate. What is the most likely diagnosis?

A. Benign prostatic hyperplasia
B. Prostate cancer
C. Urinary tract infection
D. Bladder stone
ANS: B

159. A 55-year-old woman presents with a rapidly growing, painless thyroid mass. She has hoarseness of voice and dysphagia. What is the most likely diagnosis?

A. Papillary carcinoma of thyroid
B. Anaplastic carcinoma of thyroid
C. Medullary carcinoma of thyroid
D. Thyroid lymphoma
ANS: B

160. The hernia in which herniated part lies lateral to inferior epigastric artery is

A. Femoral hernia
B. Direct inguinal hernia
C. Indirect inguinal hernia
D. Incisional hernia
ANS: C

161. A patient presented with complain of nausea, vomiting, bony pain, muscle weakness and chronic constipation lab investigation show increase PTH, increased cAMP and increase Calcium most likely diagnosis

A. Primary hyperthyroidism
B. Secondary hyperparathroidisam
C. Primary hyperparathyroidaism
D. Pseudohyperparathyroidism
ANS: C

162. A 36 yrs old male presented with complain of chronic RUQ pain, nausea, vomiting involuntary purposeless movement and investigation shows decreased-serum ceruloplasmin which of the following is most likely elevated in body

A. Iron
B. Potasium
C. Copper
D. Cynide
ANS: C

163. A middle age female having a history of chronic constipation presented with severe intense severe perianal pain during defecation which is even persistent after defection diagnosed for anal fissure what will be suspected.

A. Fresh blood in stool
B. Streak of blood in stool
C. Black taary stool
D. Grenish stool
ANS: B

164. A patient underwent surgery one week ago but later present with complain of infection on wound having a classical greenish discharge most likely organisms involved is

A. Staphylococcus aureus
B. Streptococcus varidan
C. Klebsella
D. Psuedomonas aeuroginosa
ANS: D

165. A person with endemic goiter would be excepted to have:

A. Metal retardiation
B. High plasma level of TSH
C. High level of thyroxine
D. Low production of thyroglobulin
ANS: B

166. Action of PTH on kidney is:

A. Increased calcium excretion
B. Reduced calcium absorption from DCT
C. Inhibition of phosphate reabsorption from PCT
D. Increased in urinary excretion of H ion
ANS: C

167. A patient presents with a palpable, solitary thyroid nodule. Which of the following investigations is most useful for evaluating the nodule's nature?

A. Fine-needle aspiration (FNA. biopsy
B. Serum calcium levels
C. Ultrasound of the neck
D. Thyroid function tests (TFTs.
ANS: A

168. An 18 year old girl from poor socioeconomic class presents with history of backache and poor health for the last 1 year. On clinical examination there was tenderness on lower thoracic spine. Straight leg raising test was 90 degree on both sides. Her ESR was 67 mm in 1st hour. MRI scan showed collapse of T2 vertebral body. Which one of the following is the most likely diagnosis?

A. Ankylosing spondylitis
B. Caries Spine
C. Osteomalacia
D. Prolapsed spinal disc
ANS: C

169. Which factor is most likely responsible for the delayed healing of a wound in a 45-year old female with diabetes who cut her finger while cooking?

A. Size of wound
B. Site of wound
C. Foreign bodies in wound infection in wound
D. Infection
ANS: D

170. A 60 year old female with a history of smoking presents with painless jaundice, dark urine, and pale stools. On examination, she has a palpable, non-tender gallbladder. What is the most likely diagnosis?

A. Acute Cholecystitis
B. Choledocholithiasis
C. Pancreatic Adenocarcinoma
D. Gallstone
ANS: C

171. Triad of shelf plummer shelf, sister marry joseph's node and krukenburg tumor is a transperitoneal manifestation of which tumor:

A. Pacreatic cancer
B. Ovarian tumor
C. Carcinoid tumor
D. Gastric Carcinoma
ANS: D

172. 3-months after excision of lipoma from his right arm, captain of school cricket team is complaining of redness, bumps and examiner noticed the wound edges are beyond the original margins. The doctor consoles him and prescribes medicine. What is the likely diagnosis?

A. Wound infection
B. Keloid
C. Contact dermatitis due to new uniform
D. A malignant change at wound
ANS: B

173. A 20 years old college student sustains multiple injuries in a road- traffic accident. His pulse is 120/min & thread and BP 90/60 mmHg. He has difficult respiration and sweat on his forehead. The diagnosis in this case is:

A. Vasovagal shock
B. Psychogenic shock
C. Neurogenic shock
D. Hypovolemic shock
ANS: D

174. A middle age male having weight 70 kg brought to them emergency Burn unit after sudden fire in the building in semiconsiounes state on examination he is inactive and cold extremities and there was 10 percent BSA burn according to porkland Formula how much fluid should be given in first 8 hours.

A. 1600 ml
B. 1400 ml
C. 2800 ml
D. 2000 ml
ANS: B

175. A 25-year old well built football player is hit by a speeding motor cycle on his right leg. She continues to walk to the emergency. His leg is swollen. His posterior tibia artery is weaker than on the left side. D-ray tibia and fibula show no fracture. What immediate step should be taken by the emergency surgical team?

A. Ask for urgent arteriography
B. Elevate the limb on a pillow
C. Urgent Fasciotomy
D. Apply splint to reduce movement
ANS: C

176. A 44 years old lady with a history of multiple endocrine neoplasia type 2A develops a lump palpable in the thyroid gland. She has experienced diarrheas and undergoes total thyroidectomy with ipsilateral modified block dissection of the neck. Which thyroid cancer is involved?

A. Follicular carcinoma
B. Papillary carcinoma
C. Sarcoma
D. Medullary carcinoma
ANS: D

177. A 65- years old man presents with renal colic. The following day he passes a stone in this urine with analysis revealing that is composed of uric acid. Which one of the following is the most likely cause of this type of renal stone?

A. Allopurinol
B. Chronic renal failure
C. Primary Hyperparathyroidism
D. Thiazide Diuretics
ANS: D

178. A 29 year old female received an epidural for pain relief in labour. She had a wet tap. The procedure was successfully repeated in the space above. She developed post-dural puncture headache. The most likely cause for this is:

A. Chemical arachnoiditis
B. Loss of CSF
C. Stretching of 6th cranial nerves
D. Stretching of vasa nervosum
ANS: B

179. A 74 year old lady with a long history of hashimoto's thyroiditis develops a rapidly growing goiter. What is the most likely diagnosis:

A. Follicular carcinoma
B. Papillary carcinoma
C. Lymphoma
D. Sarcoma
ANS: C

180. A 60yo man presents with dysphagia and pain on swallowing both solids and liquids. A barium meal shows gross dilatation of the esophagus with a smooth narrowing at the lower end of the esophagus. What is the SINGLE most likely cause of dysphagia?

A. Achalasia
B. Myasthenia Gravis
C. Esophageal carcinoma
D. Systemic sclerosis
ANS: A

181. A pregnant lady came with pain in her calf muscle with local rise in temp to the antenatal clinic. What tx should be started?

A. Aspirin
B. LMWH
C. Paracetamol
D. Cocodamol
ANS: B

182. A 40yo woman notices increasing lower abdominal distention with little/no pain. On examination, a lobulated cystic mass is felt and it seems to be arising from the pelvis. What is the most appropriate inv?

A. CA 125
B. CA 153
C. CA 199
D. CEA
ANS: A

183. A lady presents with itching around the breast and greenish foul smelling discharge from the nipple. She had a similar episode before. What is the most likely dx?

A. Duct papilloma
B. Duct ectasia
C. Breast abscess
D. Periductal mastitis
ANS: B

184. A 22yo woman with longstanding constipation has severe ano-rectal pain on defection. Rectal exam: Impossible due to pain and spasm. What is the most probable dx?

A. Anal hematoma
B. Anal fissure
C. Anal abscess
D. Protalgia fugax
ANS: B

185. A 40 yr old pt presented e S/o pain in the RHC which is sharp and sever also refer to Tip of shoulder also there is increase temp tachycardia tenderness on USG swollen edematous gall bladder?
A. Cholelithiasis
B. Acute Cholecystitis
C. Acute cholangitis
D. Cholesochlithasis
ANS: B

186. A 40 yr old obese female president with S/O sever colicky pain which is aggravating eating fatty male relived by analgesic there is nausea vomiting anorexia dx
A. Cholelithiasis
B. Acute Cholecystitis
C. Acute cholangitis
D. Cholesochlithasis
ANS: A

187. A pt presented a painless passage of gush of drops of fresh blood on to faeces at end of defection dx haemmorhoid is conform what is the site?
A. 3,5,11 clock
B. 5,7,11 clock
C. 3,7,11 clock
D. 2,5,7,11 clock
ANS: C

188. 80 yr old man presented e pain in his lower back he is also compline of waking up in the night to go the washroom and has urgency as well as dribbling what is the most likely dx?
A. UTI
B. Prostitis
C. BPH
D. Prostate Carcinoma
ANS: D

189. A 20 year old regular runner pt presented e s/o actually painful testicular lump, pyrexia, Nausea, vomiting, lifting scrotum increase pain dx?
A. Acute epididmo orchitis
B. Torsion of testes
C. Epididomal cyst
D. Testicular tumor
ANS: B

190. A 22yo woman with longstanding constipation has severe ano-rectal pain on defection. Rectal exam: Impossible due to pain and spasm. What is the most probable dx?
A. Anal hematoma
B. Anal fissure
C. Protalgia fugax
D. Hemorrhoids
ANS: B

191. A 10 year old male child presents with 3 months history of heat intolerance and poor concentration. He is losing weight beside good appetite. On examination, there is proptosis and tachycardia and there is some mass felt in front of neck.Which of the following is true?
A. Increased TSH, Decreased T3, increased T4
B. Decreased TSH, Decreased T 3, Decreased T4
C. Increased TSH, Decreased T3, Decreased T4
D. Decreased SH, Increased T3, Increase T4
ANS: D

192. Patient presented with Grampy abdominal pain that comes and goes, loss of appetite, constipation, vomiting, inability to have bowel movement or pass gas along with swelling of the abdomen which is under to touch. Probable diagnosis?
A. Colonic stricture
B. Ileal obstruction
C. Rectal Stricture
D. Esophageal Stricture
ANS: B

193. A 49- year old male presented with the profuse rectal bleeding, mucous discharge associated with tenesmus. He also have fever for 3 days. He has a past history of similar episode 1 year ago. Which of the following is the most diagnosis?
A. Amoebiasis
B. Crohn's disease
C. Diverticulitis
D. Ulcerative colitis
ANS: D

**194.** **A 30-year-old man presents to the emergency department after being stabbed in the chest. He is hypotensive, has muffled heart sounds, and jugular venous distension. What is the most likely diagnosis?**

A. Tension pneumothorax
B. Hemothorax
C. Cardiac tamponade
D. Pulmonary embolism
**ANS: C**

**195.** **A 28 years old male comes to OPD with status post open appendectomy 4 days back, with complaints of purulent discharge from the wound.On examination, the wound is gaping with purulent foul smelling discharge. What is the most likely involved pathogen?**

A. E-coli
B. Psuedomonas
C. Staph Aureus
D. Streptocossis
**ANS: C**

**196.** **Left supraclavicular adenopathy (Virchow node. is seen in**

A. Crohn disease
B. Prostate CA
C. Gastric CA
D. Colon CA
ANS: C

**197.** **A 55 year old male hypertensive and diabetic comes to the surgical OPD with complaints of severe perianal pain with high-grade fever for the last 4 days. On examination, an area of fluctuation is noted with inflamed overlying skin. Digital rectal examination was not possible due to severe pain. What is the most likely diagnosis?**

A. Anal Fissure
B. Perianal Abscess
C. Perianal Fistula
D. Thrombosed Piles
**ANS: B**

**198.** **Which steroid is given for lung maturity?**

A. Methyl prednisolone
B. Triamcinolone
C. Betamethasone
D. Clobetasol
ANS: C

**199.** **Which of the following is the most practice diagnostic screening procedure for differentiating benign thyroid nodules from malignant ones?**

A. Thyroid scintiscan
B. Thyroid ultrasonogaphy
C. Thyroid homone suppression
D. Fine needle aspiration biopsy
ANS: D

**200.** **A child is brought to ER with complaint of super glue / Elffy incidentally gets inside boy eeye and thick sticky paste between both eyes is present, eye lids and eye glutted with elffy glue eye lid stick together and glue over eye ball. What is the initial immediate treatment?**

A. Give steroids drops
B. Give Antibiotics ointment
C. Water washing for 5 minutes
D. Remove elffy residue with forceps
ANS: C

**201.** **Patient presents with headache, fever and neck stiffness. Lumber puncture reveals turbid appearance of CSF, low Glucose, increased Protein and predominantly neutrophils. What is the most likely diagnosis?**

A. Viral meningitis
B. Bacterial Meningitis
C. Fungal Meningitis
D. Subarachnoid Hemorrhage
ANS: B

**202.** **A 58 years old man presents with a 3-month history of progressive hematuria and flank pain. CT scan shows a renal mass with involvement of the renal vein. What is the most likely diagnosis?**

A. Renal cell carcinoma
B. Urothelial carcinoma
C. Renal abscess
D. Polycystic kidney disease
ANS: A

203. A 68 years old man presents with progressive jaundice, pruritus, and weight loss. CT scan reveals a pancreatic head mass. What is the most appropriate treatment for resectable disease

A. Palliative chemotherapy
B. Whipple procedure
C. Radiation therapy
D. Biliary stenting
ANS: B

204. A combination of Jaundice, abdominal pain and Fever which is reffered as Charcoal Triad is Clasicallly Seen in which of the following

A. Acute Cholecystitis
B. Acute Cholangitis
C. Acute Pancreatitis
D. Acute Gastritis
ANS: B

205. A 48 years old woman presents with a rapidly enlarging thyroid mass enlarging with the time and develop signs of airway compromise. What is the most likely diagnosis

A. Papillary thyroid carcinoma
B. Anaplastic thyroid carcinoma
C. Medullary thyroid carcinoma
D. Multinodular goiter
ANS: B

206. A 74 years old man presents with an abdominal mass that increases in size with straining. Examination reveals a direct inguinal hernia. What is the most appropriate management

A. Elective hernia repair
B. Observation
C. Hernia truss
D. Emergency surgery
ANS: A

207. A 42 years old man presents with a rapidly enlarging, non-tender thyroid nodule. Fine needle aspiration reveals malignant cells with amyloid deposition and calcitonin tumour marker was raised. What is the most likely diagnosis

A. Papillary thyroid carcinoma
B. Medullary thyroid carcinoma
C. Follicular thyroid carcinoma
D. Anaplastic thyroid carcinoma
ANS: B

208. All of the following regarding Papillary CA of thyroid true except

A. Orphan Annie Nuclei
B. Rare thyroid malignancy
C. Psamommas Bodies formation
D. Having Best Prognosis
ANS: B

209. A 58 years old woman presents with a painless lump in her left breast. Mammography shows microcalcifications and a spiculated mass. What is the best next step?

A. Observation
B. Core needle biopsy
C. Fine needle aspiration
D. Simple mastectomy
ANS: B

210. A 46 year old woman presents with persistent right upper quadrant pain, fever, and jaundice. Ultrasound reveals gallstones and a dilated common bile duct. What is the most appropriate next step

A. IV antibiotics and elective laparoscopic cholecystectomy
B. Endoscopic retrograde cholangiopancreatography (ERCP.
C. Observation and dietary modification
D. Open cholecystectomy
ANS: B

211. Strongest Layer of Esophagus is

A. Mucosa
B. Sub mucosa
C. Muscularis layer
D. Adventitia
ANS: B

212. A 68 years old man with a history of chronic smoking presents with a painless, progressively enlarging neck mass. He also reports hoarseness of voice and difficulty swallowing. Examination reveals a hard, fixed lymph node in the cervical region. What is the most likely diagnosis

A. Lymphoma
B. Metastatic squamous cell carcinoma
C. Reactive lymphadenopathy
D. Tuberculous lymphadenitis
ANS: B

**213. A 25-year-old male presents with migratory periumbilical pain localizing to the right lower quadrant, anorexia, and rebound tenderness. What is the most likely diagnosis?**

A. Acute appendicitis
B. Mesenteric adenitis
C. Crohn's disease
D. Gastroenteritis
ANS: A

**214. A 60-year-old smoker with sudden severe epigastric pain radiating to the back and elevated serum amylase/lipase likely has:**

A. Acute pancreatitis
B. Perforated peptic ulcer
C. Myocardial infarction
D. Cholecystitis
ANS: A

**215. A 55-year-old with claudication, non-palpable femoral pulses, and a history of smoking has:**

A. Peripheral arterial disease (PAD.
B. Deep vein thrombosis (DVT.
C. Varicose veins
D. Lymphedema
ANS: A

**216. A post-operative patient develops fever on day 3. The most likely cause is:**

A. Atelectasis
B. Urinary tract infection (UTI.
C. Wound infection
D. DVT
ANS: A

**217. A 60-year-old with painless jaundice, clay-colored stools, and a palpable gallbladder (Courvoisier's sign. likely has:**

A. Pancreatic cancer
B. Choledocholithiasis
C. Hepatitis
D. Cirrhosis
ANS: A

**218. A trauma patient with hypotension, distended neck veins, and muffled heart sounds has:**

A. Tension pneumothorax
B. Cardiac tamponade
C. Hemothorax
D. Aortic dissection
ANS: B

**219. A 70-year-old with a pulsatile abdominal mass and back pain likely has:**

A. Abdominal aortic aneurysm (AAA.
B. Diverticulitis
C. Renal colic
D. Bowel obstruction
ANS: A

**220. A child with sudden-onset "currant jelly" stools and a palpable abdominal mass likely has:**

A. Volvulus
B. Appendicitis
C. Intussusception
D. Gastroenteritis
ANS: C

**221. A 30-year-old with right upper quadrant pain, fever, and Murphy's sign has:**

A. Pyelonephritis
B. Hepatitis
C. Pancreatitis
D. Acute cholecystitis
ANS: D

**222. A post-op patient with calf pain and swelling has a positive Homan's sign. What is the next step?**

A. Doppler ultrasound
B. CT angiography
C. D-dimer test
D. X-ray
ANS: A

**223. A 50-year-old with hematemesis and a history of NSAID use likely has:**

A. Esophageal varices
B. Peptic ulcer disease (PUD.
C. Mallory-Weiss tear
D. Gastric cancer
ANS: B

**224. A 60-year-old with painless jaundice and weight loss likely has:**

A. Pancreatic cancer
B. Cholangitis
C. Hepatitis
D. Gallstones
ANS: A

5. A patient with sudden severe abdominal pain and rigidity likely has:
IBS
Renal colic
Gastroenteritis
Peritonitis IBS
S: D

6. A 50-year-old with melena and a hemoglobin of 8 g/dL should first undergo:
CT scan
Colonoscopy
Upper endoscopy
Angiography
S: C

7. A post-op patient with erythema, warmth, and pus at the incision site has:
Wound infection
Seroma
Hematoma
Dehiscence
NS: A

28. 40-year-old with recurrent epigastric pain relieved by food likely has:
Gastric cancer
Duodenal ulcer
GERD
Cholecystitis
NS: B

29. A patient with a reducible groin bulge above the inguinal ligament has:
Umbilical hernia
Direct inguinal hernia
Femoral hernia
Indirect inguinal hernia
NS: D

230. A 65-year-old with left-sided abdominal pain, fever, and elevated WBC likely has:
A. Diverticulitis
B. Appendicitis
C. IBD
D. IBS
ANS: A

231. A 20-year-old with testicular pain and a "blue dot sign" has:
A. Epididymitis
B. Testicular torsion
C. Torsion of the appendix testis
D. Orchitis
ANS: C

232. A patient with a breast mass, peau d'orange, and nipple retraction likely has:
A. Invasive ductal carcinoma
B. Fibroadenoma
C. Breast abscess
D. Fibrocystic changes
ANS: A

233. A trauma patient with abdominal distension and shifting dullness likely has:
A. Bowel obstruction
B. Pneumoperitoneum
C. Ascites
D. Hemoperitoneum
ANS: D

234. A 30-year-old with projectile vomiting and an olive-shaped mass has:
A. GERD
B. Pyloric stenosis
C. Gastric outlet obstruction
D. Appendicitis
ANS: B

235. A patient with Cullen's and Grey Turner's signs likely has:
A. Acute pancreatitis
B. Ruptured AAA
C. Ectopic pregnancy
D. Liver cirrhosis
ANS: A

236. A middle age patient with sudden leg pain, pallor, pulselessness, and paralysis has:
A. Acute arterial occlusion
B. DVT
C. Compartment syndrome
D. Cellulitis
ANS: A

237. A post-op patient with tachypnea, hypoxia, and pleuritic chest pain likely has:
A. Atelectasis
B. Pneumonia
C. Pulmonary embolism (PE.
D. Pneumothorax
ANS: C

238. A 48 years old patient with a non-healing leg ulcer and a history of diabetes likely has:
A. Venous ulcer
B. Arterial ulcer
C. Neuropathic ulcer
D. Pressure ulcer
ANS: C

239. A 48 years old with left lower quadrant pain, fever, and a palpable mass likely has:
A. Diverticular abscess
B. Appendicitis
C. Ovarian cyst
D. IBS
ANS: A

240. A patient with a scrotal swelling that transilluminates has:
A. Varicocele
B. Testicular tumor
C. Inguinal hernia
D. Hydrocele
ANS: D

241. A 42 years old patient with a history of alcohol abuse presents with hematemesis. What is the most likely source?
A. Gastritis
B. Mallory-Weiss tear
C. Peptic ulcer
D. Esophageal varices
ANS: D

242. A patient with a neck mass that moves with swallowing has:
A. Thyroid nodule
B. Lymphadenopathy
C. Branchial cyst
D. Carotid body tumor
ANS: A

243. A 53 years d patient with a history of colon polyps presents with altered bowel habits and weight loss. Likely diagnosis?
A. IBD
B. Colorectal cancer
C. IBS
D. Diverticulitis
ANS: B

244. A 43 years old patient with jaundice, pruritus, and pale stools has:
A. Hepatitis
B. Hemolytic jaundice
C. Obstructive jaundice
D. Gilbert's syndrome
ANS: C

245. A middle age male patient with sudden-onset dysphagia and drooling likely has:
A. GERD
B. Esophageal foreign body
C. Achalasia
D. Esophageal cancer
ANS: B

246. A 38 years old patient with a history of atrial fibrillation presents with acute abdominal pain and bloody diarrhea. Likely diagnosis?
A. IBD
B. Diverticulitis
C. Mesenteric ischemia
D. Gastroenteritis
ANS: C

247. A 28 years old patient with a tender, erythematous testicle and dysuria has:
A. Epididymitis
B. Testicular torsion
C. Orchitis
D. Varicocele
ANS: A

248. A patient with a history of trauma develops abdominal distension and absent bowel sounds. Likely diagnosis?
A. Volvulus
B. Mechanical bowel obstruction
C. Peritonitis
D. Paralytic ileus
ANS: D

249. A neonate with bilious vomiting and a "double bubble" sign on X-ray has:

A. Duodenal atresia
B. Pyloric stenosis
C. Intussusception
D. Hirschsprung disease

ANS: A

250. A patient with a history of smoking presents with hoarseness and stridor. Likely diagnosis?

A. GERD
B. Vocal cord nodules
C. Laryngeal cancer
D. Allergic reaction

ANS: C

# APPLIED ANATOMY

1. Human Breast extend from 2nd. to 6Th Rib.
2. Majority of breast cancer occur in left upper outer quadrant and metastatic into ~~Ax~~ ~~Axillary~~ Anterior. Axillar lymph N
3. Fracture neck of Humerus can leads to which nerve damage ~~Radial~~ ~~N~~ Axillary Nerve
4. The first to tear in rotator Cuff ~~ulnar~~ ~~ADM~~ supraspinatus muscle
5. Fracture in mid shaft of humerous can lead to damage Radial N
6. Supracondylar fracture of Humerous can leads to damage Medial Nerve
7. Fracture of medial apicondyle of humerous is lead to damage ulnar N
8. Saturday night palsy is due to damage of Radial Nerve
9. An infant delievered presented by parents to physician with arm hang downward by side medialy rotated lead to waiter tip anamoly Erb. palsy
10. Winging of scapula is due to damage to Long Thoracic Nerve
11. A person cant able to comb his hairs most likely nerve damage is Accessory N~~eutral~~
12. Musculocutaneus nerve arises from which cord of brachial plexus Latral cord
13. The muscle which abduct and laterally rotate arm Deltiod
14. Abduction and adduction of finger is due to ulnar Nerve
15. The dermatome over lateral side of wrist is C5.
16. The extensor carpi radialus muscle is inervated by Radial Nerve
17. The extensor indicies muscle is inervated by Deep branch of radial Nerve
18. Ape like hand is due which nerve damage Median Nerve
19. The muscle which help to raise the shoulder joint to 90 degree is Deltiod
20. Fracture neck of Humerus can leads to which nerve damage Axillary Nerve
21. The first to tear in roatator cuff Supraspinatus
22. Which of the following nerve is trapped in crapel tunnel leading to loss of sensation thumb index and half of middle finger with tenar muscle atrophy Median Nerve
23. The most common bone in wrist joint fracture is Scaphiod
24. The most common dislocate bone in wrist joint is lunate
25. The most common dislocation of shoulder joint is inferior
26. Fracture in mid shaft of humerous can lead to damage Radial N
27. Supracondylar fracture of humerous can leads to damage Median
28. Fracture of medial apicondyle of humerous is lead to damage. ulnar nerve
29. If a person can't touch his hand with shoulder which nerve is damage muculocataneous
30. Saturday night palsy is due to damage of Radial Nerve
31. If person cannot able to extend wrist due loss of function of extensor muscles which leads to wrist drop it is due to Radial Nerve
32. An infant delivered presented by parents to physician with arm hang downward by side medialy rotated lead to waiter tip anomaly Erb palsy
33. Claw hand is due lower trunk damage known as klimpke palsy due damage of Ulnar nerve
34. Winging of scapula is due to damage to Long. Thoracic nerve
35. Root value of long thoracic nerve is -C5, C6, C7
36. A person cannot able to comb his hairs most likely nerve damage is Accessory nerve
37. Radial nerve arises from which of following cord of brachia plexus posterior Cord
38. The vein runs on medial side is Basillic vein
39. The vein form by the union of basilica vein and vena commitments of brachial artery is Axillary N
40. Axillary artery become brachial artery at level of which structure Teres major
41. The medial border of cuboidal fossa is made by Pronator ~~Teres~~
42. The muscle which abduct and laterally rotate arm Deltiod

43. Abduction and adduction of finger is due to Ulnar
44. The extensor carpi radialus muscle is inervated by Radial Nerve
45. The muscle which help to raise the shoulder joint to 90 degree is Deltoid
46. Thumb is adducted and laterally rotates most likely nerve to be damage is Median N
47. Axilary artery is divided into three parts in relation to Pectoralis major
48. Most common artery to be rupture in neck fracture of humerus is Posterior circumflex H Artry
49. A person can't scratch back on his hand likely nerve to be demage is Thoracodorsal
50. Which of following is largest sesamoid bone Patella.
51. Which of following nerve supply gluteus medius and gluteus minimus muscle Superior glutal
52. Predominantly dorsiflexed and everted foot show which nerve damage Tibial Nerve
53. The dermatome over lateral side of foot S1.
54. The root value of femoral nerve is L4, L5, S1, S2, S3
55. The root value of sciatic nerve is L4, 5, S1, S2.
56. The vein lies on medial side of thigh is Great saphenous vein
57. Dorsal pedis artery is continuation of Anterior Tibial artery
58. The medial part of femoral triangle is made by Adductor longus
59. The intramuscular injection should be given in upper n outer quadrant of buttock to prevent which nerve damage Sciatic Nerve
60. Trachea Bifurcate at the level of T4.
61. Phrenic nerve supply Diaphragm having root value of C3, C4, C5
62. Esophagus and vagus nerve passes through which level T10
63. Heart is a content of medial mediastinum
64. Foreign body usually affect Right lung
65. S.V.C drain into Right atrium
66. The reminant of foramen ovale is Foss ovailis
67. Apex of the heart present in the 5. ICS left side
68. The S.A nude initate the conducting system of heart which is supplied by Right coronary artry
69. Which of the following vein directly drain into right atrium is Anterior cardiac vein.
70. Hoarsners of voice is due to demaged to R. Laryngeal nerve
71. Inferior vena cavae passes from diaphragm at the level of T8
72. The dermatome located in the epigastriumover the xiphoid process is T7
73. Which of the following fascia is absent in scrotum Camper fascia
74. The hernia in which the herniated part is enter through deep inguinal ring and comes out through superficial inguinal ring is ___ indirect inguinal hernia.
75. Which of the following test best differentiate the direct from indirect inguinal hernia ___ ring occlusion test.
76. The base of the inguinal canal is made by ___ inguinal ligament.
77. Testicular artery is the branch of abdominal aorta at the level of Below L1
78. The greater and lesser sac are in free continuation with one another through ___ epiploic foramen.
79. Gastric ulcer perforation can lead to bleeding from ___ left gastric artey.
80. The union of superior mesenteric vein and splenic vein form portal vein at the level of ___ L2.
81. The most common site of appendix is -___ retroceacal.
82. Which part of the GIT is called watershed area which more prone to ischemia ___ splenic flexture
83. The pain during acute cholecystitis is referred to the right shoulder due t supraclavicular nerve having root value is ___ C3, C4
84. Pain caused by appendicitis May first be referred to umbilical Region
85. The gastroduodenal artery arises from Hephatic artry.

86. The vagus nerve passes through T10

87. Lymphatic spread of carcinoma of the fundas of the stomach is likely to metastasize to the Cilliac Node

88. Infection from inflamed appendix is likely to spread through the lymphatic to the Superior mesent

89. Testicular carcinoma spread to the lymphatic at the level of para aortic lymph node node

90. The suprarenal gland receive it's arterial supply from the Aorta inferior phrenic and Renal arteries.

# ANSWER KEY

| | | | |
|---|---|---|---|
| 1 | 2nd to 6th rib | 2 | Anterior Axillary Lymphoma Node |
| 3 | Axillary Nerve | 4 | Supraspinatous muscle |
| 5 | Radial Nerve | 6 | Median Nerve |
| 7 | Ulnar Nerve | 8 | Radial Nerve |
| 9 | Evb Palsy | 10 | Long thoracic nerve |
| 11 | Accessory Nerve | 12 | Lateral cord |
| 13 | Deltoid | 14 | Ulnar Nerve |
| 15 | C5 | 16 | Radial Nerve |
| 17 | Deep branch of radial nerve | 18 | Median Nerve |
| 19 | Deltoid | 20 | Axillary nerve |
| 21 | Supraspinatuous | 22 | Median nerve |
| 23 | Scaphoid | 24 | Lunate bone |
| 25 | Inferior | 26 | Radial nerve |
| 27 | Median nerve | 28 | Ulnar nerve |
| 29 | Musculocutaneous nerve | 30 | Radial Nerve |
| 31 | Radial nerve | 32 | Erb palsy |
| 33 | Ulnar nerve | 34 | Long thoracic nerve |
| 35 | C5, C6, C7 | 36 | Accessory nerve |
| 37 | Posterior cord | 38 | Basilica vein |
| 39 | Axillary nerve | 40 | Teres major |
| 41 | Pronator muscle | 42 | Deltoid |
| 43 | Ulnar Nerve | 44 | Radial Nerve |
| 45 | Deltoid | 46 | Median Nerve |
| 47 | Pectoralis minor | 48 | Posterior circumflex humerus artery |
| 49 | Thoracodorsal Nerve | 50 | Patella |
| 51 | Superior gluteal Nerve | 52 | Tibial nerve |
| 53 | S1 | 54 | L4, L5, S1, S2, S3 |
| 55 | 1,4,5,S3.2 and 3 | 56 | Great Sephanous Vein |
| 57 | Anterior Tibial Artery | 58 | Adductor Longus |
| 59 | Sciatic Nerve | 60 | T4 |
| 61 | C3,C4,C5 | 62 | T10 |
| 63 | Middle mediastinum | 64 | Right Lung |
| 65 | Right Atrium | 66 | Fossa Ovalis |
| 67 | 5th ICS on left side | 68 | Right coronary artery |
| 69 | Anterior cardiac vein | 70 | Recuurent lyrngeal nerve |
| 71 | T8 | 72 | T7 |
| 73 | Camper Fascia | 74 | Indirect inguinal hernia |
| 75 | Ring occlusion test | 76 | Inguinal ligament |
| 77 | Below L1 | 78 | Epiploic foramen |
| 79 | Left gastric artery | 80 | L2 |
| 81 | Retroceacal | 82 | Splenic flexure |
| 83 | C3, C4 | 84 | Umbilical region |
| 85 | Hepatic artery | 86 | T10 |
| 87 | Celiac nodes | 88 | Superior mesenteric node |
| 89 | Para aortic lymph nodes | 90 | Aorta, inferior phrenic and renal arteries |

# BIOCHEMISTRY

1. A poison that inhibit lipoic acid, vomiting, garlic breath water rice stool and QT prolongation is ____.
2. The substance which keep glutathione in reduced from ____.
3. History of Fava been, followed by Heinz body and bite cells are the characteristic of __.
4. Rate limiting enzymes of urea cycle is ____.
5. Hyperammonemia leads to brain damage due to depletion of ____.
6. Which enzyme is deficient in phenylketonuria _____.
7. Tyrosine is converted into homogentisic acid and than into fumarate by the help of homogentisate oxidase deficiency of this enzyme lead to ____.
8. Mention the names of branched chain amino acid in which is degradation is blocked in maple syrup urine disease ____.
9. An autosomal recessive disorder having long stature, characterized by upward and outward subluxation of ocular lense is _____.
10. Heart failure seen in which glycogen storage disease _____.
11. In which glycogen storage disease there will be painful muscle cramp, myoglobinuria (red-urine) and electrolyte imbalance ____.
12. A lysosomal storage disease characterized by cheery7 red spot on macula onion skin but no hepatosplenomegaly ____.
13. A lysosomal storage disease characterized by hepatosplenomegaly, osteoporosis, bone crises AVN of femur ____.
14. Peripheral neuropathy, destruction of oligodendrocytes, and globoid cell seen in which lysosomal storage disease ____.
15. Fruity odor smell in the breath is due to ____.
16. INADH →ATP ____
17. In kartangener syndrome which arm defect is there ____.
18. The largest and lowest density lipoprotein is ____.
19. The lipoprotein B48 activity is _____.
20. The lipoprotein which carry cholesterol from liver to the periphery is ___.
21. The lipoprotein which carry cholesterol from the periphery back to liver is ___.
22. Mention the apoliprotein that is only specified to chylomicron and remnant of chylomicron ____.
23. Lipoprotein

| | | |
|---|---|---|
| 1 | Chylomicron | It take the dietry TG to the peripheral tissue |
| 2 | Chylomicron remnant | Deliver cholesterol to the liver in the form of chylomicron |
| 3 | VLDL | Deliver hepatic TG to peripheral tissue |
| 4 | IDL | Form from the degradation of VLDL. Carry TG to liver |
| 5 | LDL | Take cholesterol from liver to periphery |
| 6 | HDL | Take cholesterol from periphery back to tissue |

24. Happy puppet babies seen in angelman syndrome having defect on which chromosome ___
25. The definitive test to confirm HIV after ELISA is ____.
26. Short phase of the cell cycle is ____.
27. Missense mutation is seen in ____.
28. Frame shift mutation is seen in ____.
29. Splice site mutation is seen in ____.
30. A X-linked disorder characterized by self mutilation aggression, hyperuricemia due to absent (HGPRT) is ____.
31. The less condensed, transcriptionally active chromatin which is expressed as ____.

32. Mention the amino acid necessary for pruine synthesion ___ glutamin.
33. Most common human enzymatic deficiency is_.
34. History of Fava been, followed by Heinz body and bite cells are the characteristic of.
35. Hyperammonemia leads to brain damage due to depletion of.
36. Which enzyme is deficient in phenylketonuria.
37. Tyrosine is converted into homogentisic acid and than into fumarate by the help of homogentisate oxidase deficiency of this enzyme lead to.
38. Mention the names of branched chain amino acid in which there is degradation is blocked in maple syrup urine disease.
39. An autosomal recessive disorder having long stature, characterized by upward and outward subluxation of ocular lense is.
40. In which glycogen storage disease there will be painful muscle cramp, myoglobinuria (red-urine) and electrolyte imbalance.
41. A lysosomal storage disease characterizsed by cheery 7 red spot on macula onion skin but no hepatosplenomegaly.
42. A lysosomal storage disease characterized by hepatosplenomegaly, osteoporosis, bone crises and AUN of femur.
43. Developmental delay, aggressive behavior and no corneal clouding is.
44. Fruity odor smell in the breath is due to.
45. 1gm of amino acid give rise to.
46. In kartagenar syndrome which arm defect is there.
47. The largest and lowest density lipoprotein is.
48. The liprotein which carry cholesterol from liver to the periphery is.
49. The only lipoprotein which do not have APoE.
50. Mention the apoliprotein that is only specified to chylomicron and remnant of chylomicron.
51. The definitive test to confirm HIV after ELISA is.
52. Short phase of the cell cycle is.
53. Missense mutation is seen in.
54. Frame shift mutation is seen in.
55. Splice site mutation is seen in.
56. Mismatch repair occur in which phase of cell cycle.
57. Prokanyotic topoisomerare II and topoisomerase IV inhibit by which antibiotics.
58. A x-linked disorder characterized by self mutilation aggression, hyperuricemia due to absent (HGPRT) is.
59. Deamination of Adenine make.
60. The more condensed, transcriptionally inactive chromatin which cannot expressed as.
61. Mention the amino acid necessary for pruine synthesion ___ glutamin.

## ANSWER KEY

| | | | |
|---|---|---|---|
| 1 | Arsenic | 2 | NADPH |
| 3 | G6PD deficiency | 4 | CPS1 |
| 5 | Alpha Ketoglutrate | 6 | Phenyl alanine hydroxylase |
| 7 | Alkaptonuria | 8 | Valine leusine, isoleusine |
| 9 | Marfan syndrome | 10 | Poomp's disease |
| 11 | Meardle disease | 12 | Tay sach disease |
| 13 | Gaucher | 14 | Kreb disease |
| 15 | Ketone body | 16 | 2.5 ATP |
| 17 | Dynein arm | 18 | Chylomicron |
| 19 | Chylomicron | 20 | LDL |
| 21 | HDL | 22 | B48 |
| 23 | Imp table | 24 | 15 |
| 25 | Western | 26 | M-Phase |
| 27 | Sickle cell | 28 | Duchene muscular dystrophy |
| 29 | B-Thalasemia | 30 | Lesch nehan syndrome |
| 31 | Euchromatin | 32 | Glysine, Asphartate, Glutamine |
| 33 | G6PD | 34 | G6PD Deficiency |
| 35 | Alpha ketoglutrate | 36 | Phenyl alanine hydroxylase |
| 37 | Alkaptonuria | 38 | Valine leusine, isoleusine |
| 39 | Marfan Syndrome | 40 | Macardle abcess |
| 41 | Tay Sach Disease | 42 | Gaucher |
| 43 | Alpha-L-Idorunilase | 44 | Ketone Body |
| 45 | 4kcal | 46 | Dynein arm |
| 47 | Chylomicron | 48 | LDL |
| 49 | HDL | 50 | LDL |
| 51 | B48 | 52 | Western |
| 53 | M-Phase | 54 | Sickle cell |
| 55 | Duchen | 56 | B-Thalasemia |
| 57 | G2-Phase | 58 | Quinolone |
| 59 | Lesch nehan syndrome | 60 | Guanine |
| 61 | Heterochrome | 62 | Glysine, Asphartate, Glutamine |

# INTERNAL MEDICINE CVS

1. Heart beat spontaneously around which ____ week of gestation.
2. Trait of Dextrocardia, Recurrent sinusitis & bronchiectasis due to impaired ciliary dysfunction is known as ____.
3. Umbilical arteries are ____ and umbilical vein are ____ in number.
4. SA node is supplied by nodal artery which is branch of ____.
5. The most common occulated coronary artery is ____.
6. The difference b/w End diastolic volume and End systolic volume is known as ____.
7. Heart sound produced during closure of A-V valve is called ____.
8. Wide fixed splitting of S2 heart sound is seen in which congenital heart disease
9. A 65 years old patient present to the clinic with classical trait of syncope, angina and dyspnea on examination there is ejection click murmur is heard which valvular heart disease ____.
10. Depolarization of ventricle muscle depend on ____.
11. ST-Segment in the ECG shows ____.
12. "Sawtooth" appearance on ECG is classically seen in ____.
13. A patient complain of chest pain, dyspnea and ECG shows progressive lengthening of PR interval until a beat is dropped most likely the diagnosis of ____.
14. Most common cyanotic heart disease in newborn is ____.
15. Diabetes mother is having a chance to deliver a baby having ____ -cardiac defect ____.
16. Most common type of cardiomyopathy is ____.
17. Drug of choice for cardiogenic Pulmonary edema is ____.
18. Acute onset chest pain which worsen with deep inspiration and relieve on bending forward think of ____.
19. The agent which can cause SLE like symptoms ____.
20. Combination of vertigo, headache and tinnitus is knows as cinchonism which is a side effect of ____.
21. Posterior most chamber of heart is ____.
22. Best agent in Hypertensive nephropathy is ____.
23. Mid diastolic murmur is heard in ____.
24. Ejection systolic murmur radiate to Carotid is heard in ____.
25. Monday disease is a side effect of ____
26. The lipid lowering agents which inhibit HMG CoA reductase is ____.
27. Which vitamin is used in the treatment of Hyperlipidemia ____.
28. The anti hypertensive agent which has both alpha and beta receptor activity is ____.
29. Which cholesterol lowering agents increased risk of Gall stone ____.
30. Most virus which can cause myocarditis is ____.

# ANSWER KEY

| | | | |
|---|---|---|---|
| 1 | 4th | 2 | Kartagener Syndrome |
| 3 | Two & One | 4 | Right Coronary Artery |
| 5 | Left Anterior Descending Artery | 6 | Stroke Volume |
| 7 | SI sound | 8 | ASD |
| 9 | Aortic stenosis | 10 | NA+-Influx |
| 11 | Depolarized state of ventricles | 12 | Atrial flutter |
| 13 | Mobitz type I (Heart Block) | 14 | Transposition of Great Vessel |
| 15 | Transposition of great vessel | 16 | Dilated Cardimyopathy |
| 17 | Furosemide | 18 | Acute pericarditis |
| 19 | Procainamide | 20 | Quinidine |
| 21 | Left atrium | 22 | ACEI |
| 23 | Mitral stenosis | 24 | Aortic stenosis |
| 25 | Nitrate | 26 | Statin |
| 27 | Niacin (Vit. B3) | 28 | Labetalol |
| 29 | Fibrates | 30 | Coxscakie Virus |

# IM ENDOCRINE SYSTEM

1. The agent that inhibit the release of prolactin ____.
2. The endogenous insulin are distinguished from exogenous on basis of ___.
3. Which of following hormone has natural contraceptive action ___.
4. A young female present in clinic with the complain of Galalactorrehea, lossslabido and amenorrhea and diagnosis is made for prolactinoma which following will be choice of drug ____.
5. Active form of Vit.D is formed in which part of nephron ____..
6. Most common cause of ectopic production of ADH is ____.
7. Rate limiting engyme for synthesis of thyroid hormones ___.
8. Apt present to clinic immediately in complain of primary adrenal insufficiency due adrenal hemorrhage associated with septicemia which is usually caused by ___.
9. Which lymphoma have risk with Hashimoto thyroiditis ____.
10. Tapping of face nerve to see involountary contraction of facial muscle is seen ___.
11. Mention the name of antidiabetogenic which is safe to use in renal impairment __.
12. The antidiabetic agent leads to weight loss, HF, Fracture most oftenly ___.
13. The inhibitor of sodium glucose cotransporter (SGLT-2) used in treatment of diabetes and act in PCT of kidney is ___.
14. The drug of choice in hyperthyroidism in first trimester is ____.
15. The drug of choice used in 2nd trimester for treatment of hyperthyroidism ___.
16. Skin rash, agranulocytosis, Aplastic Anemia and hepatotoxicity is side effect of which anti thyroid drugs ____.
17.

| Rapid Acting Insulin | Short Acting Insulin | Intermediate Acting | Long Acting |
|---|---|---|---|
| Lispro<br>Aspart<br>**Uses**<br>Post-prandial<br>Glucosecontrol<br>**S/E**<br>Hypoglycemia | Hamelin R<br>(Regular)<br>**Uses**<br>DKA<br>Hyperkalemia | NPH | Glargine<br>Detamir<br>**Uses**<br>Basal<br>Glucose<br>Control |

## ANSWER KEY

| | | | |
|---|---|---|---|
| 1 | Dopamine | 2 | C-Peptide |
| 3 | Prolactin | 4 | Bromocreptine |
| 5 | PCT | 6 | Small Cell lung Carcinoma |
| 7 | Thyroid Peroxidase | 8 | Niesseries Meningitis |
| 9 | Non Hodgkin Lymphoma | 10 | Hypocalcemia |
| 11 | Pioglitazone | 12 | Pioglitazone |
| 13 | Canagliflozone Dopagliflozone | 14 | PTU |
| 15 | Methimazole | 16 | PTU |
| 17 | Topic | | |

# IM HEMATOLOGY

1. Life span of platelets is ______.
2. Which one of the following is first targeted in HIV ____.
3. The pathway measure by PT is ______.
4. The pathway measured by aPTT is _____.
5. Won Willi brand factor maintained which clotting factor _____.
6. Thromboxane a (TxA2) help in hemostasis released by name the two agents which acts as anti aggregation factor _____.
7. Lead poisoning on smear ______.
8. Teardrop RBC is seen in _____.
9. Bite cell and Hein bodies are speen I _________.
10. A 24 years old female present to the clinic complain of fatigue, dizziness, pallor, O/E spoon shaped nail, laboratory finding shows ↓iron, ↓ferritin, ↑TIBC most likely diagnosis ____.
11.

| Sr # | Causes | MCV | Iron | TIBC | Ferritin | Transferrin |
|---|---|---|---|---|---|---|
| 1 | Iron deficiency | Low | Low | Inc | Low | Low |
| 2 | Thalassemia | Very Low | Inc | Low | Inc | Very high |
| 3 | Anemia of Chronic Disease | N/Low | Low | Low | N/high | N/Low |

12. HbH is seen in ______.
13. Hb bart is seen in _______.
14. During erythropoiesis the nuclei disappear in ____.
15. Diphyllobotrium Latium infection leads to ____.
16. A rapid onset anemia with first year of life due to intrinsic defect in erythroid progenitors cell characterized by short stature, craniofacial abnormality and triphalangeal thumb most likely diagnoses is ____.
17. Osmotic fragility test is done for which one of the following condition _____.
18. A history of Fava bean, primaquine, trimethoprim and anti-tubercular characterized by Heiz bodies and bite cell is the characteristic of _____.
19. The therapeutic antibody used in PNH is ____.
20. In sickle cell anemia Glutamic acid is replace by ____.
21. Most common phoryohyria is _____.
22. Which vitamin deficiency lead to increase both PT and aPTT ____.
23. An autosomal dominant the most common inherited bleeding disorder that is characterized by ↑BT and prolonged aPTT is most likely ____.
24. Reed strenberg cell (owl eye appearance) is diagnostic is ____.
25. Most common type of Hodgkin Lymphoma is _____.
26. T(8:14) is C-myc gene is seen in ____.
27. "Starry sky appearance" is seen in ____.
28. Malignancy of plasma cell characterized by hyper calcemia renal involvement anemic and bone pain, punch out lytic lesion of the bone and there's M-spike protein and Bence Jone protein in urine most likely Dx of ____.
29.

| Sr No. | Translocation | Cancer |
|---|---|---|
| 1 | t(15:17) | AML (M3) stage |
| 2 | t(9:22) | CML |
| 3 | t(14:18) | Follicular cell Lymphoma |
| 4 | t(8:14) | Burkett Lymphoma |

30. A type of leukemia in which tartrate-resistant acid-phosphate (TRAP) stain is +ve, bone marrow fibrosis and no lymphadenopathy is ____.

31.

| Sr No. | Heparin | Warfarin |
|---|---|---|
| 1 | Parenteral | Oral |
| 2 | Site of action is blood | Site of action is liver |
| 3 | Rapid onset | Slow onset |
| 4 | Stay for hours | Stay for days |
| 5 | Safe in pregnancy | Teratogenic |
| 6 | MAO: inhibit activate Anti-thrombin that dec the action of thrombin + x | It inhibits epoxide reductase in the lever |
| 7 | Antidote: Protamine sulphate | Vit: K+FFP |
| 8 | Uses: 1, pulmonary embolism<br>2, MI 3, DVT<br>4, Acute coronary syndrome | DVT prophylaxis and prevention of stroke in atrial fibrillation |
| 9 | Prolonged aPTT | PT |

32. The drug used in early MI, early Ischemic stroke and contraindicative in active bleeding is ____.
33. The antimetabolite agents which is metabolized by xanthine oxidase and high risk with Allopurinol is ____.
34. Cisplatin/carboplatin lead to ____.
35. Vincristine can cause ____.
36. Transzumab causes ____.
37. Cyclophosphamide cause ____
38. Doxorubicin can cause ____.
39. To differentiate in Vit-12 deficiency that either the cause is dierty insufficiency or malabsorption test is ____.

## ANSWER KEY

| | | | |
|---|---|---|---|
| 1 | 8-20 Days | 2 | CD4-cell |
| 3 | Extrinsic pathway | 4 | Intrinsic pathway |
| 5 | Platelets | 6 | Basophilic stippling |
| 7 | Myleofibrosis | 8 | G4PD |
| 9 | Iron deficiency anemia | 10 | See the table |
| 11 | Gene deletion a thalassemia | 12 | 4 gene deletion a thalassemia |
| 13 | Early norm oblast | 14 | Vit B12 deficiency |
| 15 | Shilling test | 16 | Diamond black fan anima |
| 17 | Heredity spherocytosis | 18 | G6PD deficient |
| 19 | Eculizumab | 20 | Valine |
| 21 | Porphyria cuteatarada | 22 | Vit.K |
| 23 | Van Willi Brand deficiency | 24 | Hodgkin Lymphoma |
| 25 | Nodular Sclerosis | 26 | Burkitt Lymphomas |
| 27 | Burkett Lymphomas | 28 | Multiple Myeloma |
| 29 | See the table | 30 | Hairy cell leukemia |
| 31 | See the table | 32 | Thrombolyttios |
| 33 | Azathiopurine +6MP | 34 | Ototoxicity / Nephropathy |
| 35 | Peripheral Neuropathy | 36 | Gastric / breast cancer |
| 37 | Hemorrhagic cystitis | 38 | Dilated cardio myopathy |
| 39 | CF VIII | 40 | |

# IM GIT

1. H/O dysphaiga early sensation of fullness and investigation show bird beak appearance think of____.
2. Confirmatory test for achalasia is ____.
3. Changing of stratified squamous epithelium to non-ciliated columnar epithelium is know as ____.
4. Barret esophagus if left untreated it will b increase the risk of ____.
5. Barret esophagus is, a types of ____.
6. The triple treatment for H. Pylori included amoxicilin, Erythromycin and____.
7. The most common source of bleeding in gastric ulcer is ____.
8. The ulcer who pain is worsen with meal is ____.
9. If stomach cancerous cell metasatize to affect both ovaries it will b refered as ____.
10. Second part of duodenum less prone for ulcer due to presence of ____.
11. The dermatological involvement in celiac disease is ____.
12. Hydrogen breath test is done for ____.
13. A patient with chronic diarrhea, malaise, fatigue and investigation show skip lesion annd non caseating granuloma think of ____.
14. A triad of Aortic stenosis, angiodysplasia and Acquired Coagulopathy is ____.
15. Which types of colonic polyp has greater tendency for colon cancer ____.
16. A, patient present with diarrhea after wheat containing diet most likely clue toward celiac disease which antibody should b positive... ____.
17. Pernicious anemia result deficiency of vitamin B12 and result megaloblastic anemia due to deficiency of ____.
18. Water shed zone of large intestine which is more prone for ischemic changes is ____.
19. Vitamin B9 absorp from jejunum and vitamin B12 from ____.
20. The common cause of lower GIT bleed in older patient is ____.
21. Which H2 blocker not use oftenly due to its side effect like gynecomastia ____.
22. The prostaglandin analog which is use for NSAID induced ulcer is ____.
23. The anti-emetic which mainly work on NK-1 receptor____.
24. The anti-emetic, which act on dopamine receptors and also causes Parkinson like side effect is ____.
25. The anti-emetic which is use for chemotherapy induced vomiting and act on 5 HT (serotonin) receptors is ____.
26. The drug of choice to control vomiting in Diabetic gastroparesis is ____.
27. The agent use in diarrhea if use in alcoholic patient increase risk of Di sulfiram like reaction is ____.
28. Drug of choir for zollinger Ellison syndrome is ____.
29. H/0 facial flushing, chronic diarrhea and right sided heart involvement think of ____.
30. Best initial investigation for carcinoid syndrome is ____.

## ANSWER KEY

| | | | |
|---|---|---|---|
| 1 | Achalasia Cardiac | 2 | Manometry |
| 3 | Barret Esophagus | 4 | Esophageal Adenocarcinoma |
| 5 | Intestinal metaplasia | 6 | Omeorazole |
| 7 | Left Gastric Artery | 8 | Gastric Ulcer |
| 9 | Krukenburg Tumour | 10 | Brunner glands |
| 11 | Dermatitis Herpetiformis | 12 | Bacterial Overgrowth syndrome |
| 13 | Crohn's disease | 14 | Hyede syndrome |
| 15 | Adenomatous polyp | 16 | Anti-TTG (Anti Endomyseal Antibody) |
| 17 | Intrinsic factor (IF) | 18 | Splenic flexure |
| 19 | Terminal Ileum | 20 | Diverticulitis |
| 21 | Cimitidine | 22 | Misoprostol |
| 23 | Aprepitant | 24 | Metoclopramide |
| 25 | Ondensetron | 26 | Metoclopramide |
| 27 | Metronidazole | 28 | PPI |
| 29 | Carcinoid Syndrome | 30 | Urinary 5 HIAA |

# HEPATOBILIARY TRACT

H/O jaundice ( unconjugated Hybilirubinemia) with is more prominent during stressful condition think of _____.

Severe jaundice in early life which even cause kernicterus is Criggler najjar syndrome the enzyme deficiency is _____.

A triad of deranged LFT, brown pigmentation in eye around cornea and chorea think of _____.

H/O skin pigmentation, diabetes, skin pigmentation and sexual dysfunction think of _____.

The specific test for CBD _____.

Combination of fever, RUQ pain and Jaundice think of charcoat triad, which is seen in_____.

Clorchinis sinesis increased risk of _____.

Most common Nature of gallstone is _____.

On palpation RUQ and ask patient to take deep breath and patient feel pain think of Murphy sign which is seen in _____.

A fatty female with known case of gallstone brought to emergency with sudden onset epigastric pain radiate to back with nausea and vomiting think of _____.

## ANSWER KEY

| | | | |
|---|---|---|---|
| 1 | Gilbert Syndrome | 2 | UDP Glucoronyl transferase |
| 3 | Wilson disease | 4 | Hemochromatosis |
| 5 | GGT | 6 | Acute Cholangitis |
| 7 | Cholangiocarcinoma | 8 | Cholesterol |
| 9 | Acute cholycystitis | 10 | Acute Pancreatitis |

# EMBRYOLOGY & REPRODUCTIVE SYSTEM

1. At which week of gestation there will be differentiation of male and female genetilia ____.
2. Embryogenes period is started from ____.
3. Fetal period is started from ____.
4. Schwann cell is derived from ____.
5. Pancreas, Thymus and parathyroid is derived from ____.
6. Spleen is derived from ____.
7. The teratogenic effect of Aminoglycoside is ____.
8. Which antibiotic leads to teeth discoloration and inhibit bone growth ____.
9. Which anticoagulant is teratogenic warfarin or heparin ____.
10. The leading cause of low birth weight babies in developed countries is ____.
11. Which layer of placenta makes hormones ____.
12. Brachial Arches is derived from ____.
13. Branchial pounches is derived from ____.
14. Muscle of the mastication, anterior 2/3rd of the tongue and the anterior belly of digastric is derived from ____.
15. Muscle of Facial expression, posterior belly of digastric and platysma is derived from ____.
16. All intrinsic muscle of the Larynx except Cricothyroid is derived from ____.
17. Posterior 1/3 rd of the tongue Embryologically is derived from ____.
18. A baby born with thymus aplasia, recurrent infection and muscle spasm and heart defect, most likely is ____.
    - Vagina: Stratified Squamous Epithelium, Non-Keratingal.
    - Ectocervix: Stratified Squamous Epithelium, Non-Keratingal
    - Endocervix: Simple Columner Epithelium
    - Uterus: Simple Coloumner Epithelium
    - Fallopian Tubes: Simple Coloumner Epithelium
    - Ovary-Water Surface: Simple Cuboidal Epithelium
19. Maturation of sperm occur's in____.
20. The shortest part of Urethra ____.
21. Which never plays role in excretion ____.
22. One Spermatogonia can give rise to ____.
23. One oogenium gives rise to ____.
24. Normal site for fertilization is ____.
25. Most potent form of testosterone is ____.
26. Karyotyping of klinefilter syndrome is ____.
27. Honeycombuterus or clusture of grapes and "snowstorm" appearances on USG is characteristic of ____.
28. Traids of gestation 720 weeks, HTN and proteinuria is characteristic of __.
29. Preclampsia and Seizure is known as ____.
30. "Chocolate Cyst" blood filed cyst in the ovaries is suggestive of ____.
31. The typical necrosis seen in breast is ____.
32. For the diagnosis of prostatic carcinoma we have a check for ____.

# ANSWER KEY

| | | | |
|---|---|---|---|
| 1 | 10 WKS | 2 | 3-8th week |
| 3 | 9th week | 4 | Neural crest cell |
| 5 | Endoderm | 6 | Mesoderm |
| 7 | Ototoxicity | 8 | Tetracycline |
| 9 | Warfarin | 10 | Smoking |
| 11 | Synchiotropoblast | 12 | Mesoderm |
| 13 | Endoderm | 14 | 1st Arch |
| 15 | 2nd Arch | 16 | 6th Arch |
| 17 | 4th n 6th Arch | 18 | Djeorge syndrome |
| 19 | Epididymis | 20 | Membranous |
| 21 | Pelvic Nerve | 22 | 4 Sperm |
| 23 | 1 OVUM | 24 | Ampulla of Fallopian Tube |
| 25 | DHT | 26 | 47 XXY |
| 27 | Hydatiform Mole | 28 | Preclamsia |
| 29 | Eclamsia | 30 | Endometriosis |
| 31 | Fat Necrosis | 32 | PSA Level |

# AUTONOMIC NERVOUS SYSTEM (ANS)

1. The direct muscarinic agonist used for post-operative ileus and urinary retention ___.
2. Tensilon test is done for myasthenia gravis which cholinergic agonist will be used ___.
3. Which direct acting cholinometic can cross blood brain barrier ___.
4. Antidote for Atropine poisoning ___.
5. Which indirect cholinomimetic used in treatment of Alzheimer disease ___.
6. A farmer brought to emergency with C/O salvation, lacrimation, bradycardia, diarrhea and bronchoconstriction what is possible DxAnd Rx ___.
7. The cholinergic antagonist which is used in the treatment of motion sickness is ___.
8. The anti muscarinic agent used in the treatment of athama and COPD is ___.
9. The drug in management of HTN in pregnancy is ___.
10. Which alpha agonist used in the treatment of nasal descongestant ___.
11. The beta 2 agonist used in treatment of pre mature labor ___.
12. Drug of choice in anaphylaxis is ___.
13. MAO inhibitor should be avoided along thiamine containing food to decrease risk of ___.
14. The drug used for management of post MI arrhythmias is ___.
15. The drug having both beta and k channel blocking effect ___.
16. Which one of following two drugs has the ability to act on alpha and beta receptors ___.
17. The beta blocker mainly used in treatment of glaucoma ___.
18.

| Indacore of cyp450 | Inhibitors of cyp450 |
|---|---|
| Chronic alcoholism | Sodium volprate, Metronidazole |
| Phenytoin | Isoniazid, Omeprazole |
| Carbomezpine | Cimetadine, Sulfonamide |
| Rifampacin | Ketocanazole, Erythromycin |
| Graseofulvin | Flucanazole, Chlorophenicol |
| Phenobarbitol and Nevirapine | Acute Alcohol, Ciprofloxacin |

19. The drug which is eliminated in constant amount per unit time irrelevant of drug concentration is plasma ___.
20. Mention the drugs which follow zero order kinetics ___.
21. A drug in which constant fraction of the drug is eliminated from the body follow ___.
22. Majority of the drug follow which order kinetics ___.
23. The drug which are weak Acid are best treated with basic environment and best treated with ___.
24. The drug which are weak bases are best treated with acidic environment and best treated with ___.
25. The index which measure the safety of drug is called ___.
26. How therapeutic index of drug will be measured ___.
27. For measuring therapeutic index in animal effective toxic dose (TD50) is replaced by ___.
28. The amount of drug required to produced maximum effect is called ___.
29. The maximum effect of the drug produced is called ___.
30. Which drug pharma cologicaly we needed ___.
31. The agent which produces sub maximal effect is called ___.

32. A drug contain one ionozable group, a weak base with a Pka of 9.0 The drug enter cell through free diffusion through the membrane in it uncharged form. This will be occur most readily at which one of following PH Value ____.

33. The muscarinic receptor in heart in M2receptor through which mechanism ____.

34. Alpha 1 agonist causes refexbeadycardia which is blocked by ____.

35. Antidot of beta blocker ____.

36. Antidot of Opcid ____.

37. Antidot of benzodiozapine _____.

38. Chelating for the toxicity of lead _____.

39. Antidot for digoxin toxicity _____.

40. Antidot for heparin _____.

## ANSWER KEY

| | | | |
|---|---|---|---|
| 1 | Betanechol | 2 | Edrophoniul |
| 3 | Physostigmine | 4 | Physostigmine |
| 5 | Donepzil | 6 | OP posoining, Atroppine |
| 7 | Scopolamine | 8 | Ipratropium |
| 9 | Alpha methyl dopa | 10 | Phenylephrine |
| 11 | Ritodine | 12 | Epinephrine |
| 13 | Hypertensive Crisis | 14 | Class IB |
| 15 | Sotalol | 16 | Labetalol, Carvidalol |
| 17 | Timolol | 18 | Answer is Given |
| 19 | Zero order kinetic | 20 | Phenytoin, Aspirin, Alcohol |
| 21 | First Order Kinetics | 22 | First Order Kinetics |
| 23 | Sodium bicarbonate | 24 | Ammonium chloride |
| 25 | Therapeutic index | 26 | TI=TD50/LD50 |
| 27 | LD50 (lethal dose) | 28 | Potency |
| 29 | Efficiency | 30 | More efficience but less potant |
| 31 | Partial Agonist | 32 | 9.2 |
| 33 | Decrease cAMP | 34 | Atropine |
| 35 | Glucagon | 36 | Naloxone |
| 37 | Flucimazenil | 38 | Pencil amine |
| 39 | Anti Dig Fab fragment | 40 | Protamin Sulfate |

## AMA

1. The drug of choice used in vancomycin resistant staphylococcus aureus is ____.
2. Red man syndrome is side effect of ____.
3. Pseudomembranous colitis is aside effect which antibiotics ____.
4. Which tetracycline used along with renal impairment ____.
5. The tetracycline used in the treatment of SIADH (syndrome of inappropriate anti-diuretic hormone) ____.
6. The agents that can lead to kernicterus in babies ____.
7. Isoniazid lead to peripheral neuropathy due to deficiency of ____.
8. A person is taking anti-tubercular complain of blurry vision, cannot differentiate red-green colour which one is responsible ____.
9. A patient is taking anti-fungal in infusion suddenly developed hypotension, roshes, edema and increase heart rate. This is infusion related toxicity associated with which antifungal ____.
10. The anti malarial most commonly used to prevent relapse of malaria is ____.
11. The antimalarial which can circhonism is ____.
12. The most effective in the treatment of nematodes ____.
13. The drug effectively used in amoebic dysentery and "backpacker" diarrhea ____.

## ANSWER KEY

| | | | |
|---|---|---|---|
| 1 | Linezolid | 2 | Vancomycin |
| 3 | Clindamycin | 4 | Doxycycline |
| 5 | Demeclocycline | 6 | Sulfonamides |
| 7 | Pyridoxine | 8 | Ethambutol |
| 9 | Itraconazole | 10 | Primaquine |
| 11 | Quinidine | 12 | Mebendazole |
| 13 | Metronidazole | 14 | |

## RENAL SYSTEM

1. Adult kidney derived from which layer ______.
2. A congenital syndrome characterized by pulmonary hypoplasia, oligohydramnios, twisted limed & bilateral renal agenesis is most likely ____.
3. During ligation of uterine or ovarian vessel there is chance of demage to ____.
4. In male ureter passes behind which structure ______.
5. GFR is measure by ____.
6. Renal plasma flow is estimated by ______.
7. The maximum reabsorption of substance occurs in which part of nephron ___.
8. Parathyroid hormone increases the reabsorption of calcium from which part of nephron _____.
9. Name of electrolyte, which is filter, reabsorbed and secreted in the kidney ___.
10. The receptor for action of ADH in the kidney is ____.
11. In Gitleman syndrome, ther is a defective reabsorption of sodium at ___ level of nephron.
12. Anemia in CRF patient is due to deficiency of _____.
13. Vit D become activated in the PCT cell under which hormone ____.
14. Parathyroid hormone inhibits the reabsorption of phosphate from which part of nephron _____.
15. A student in nervous for PMDC exam and hyperventilated will lead to ____.
16. Most common cause of nephroti syndrome in children show excellent response to steroid is ____.
17. The type of nephrotic syndrome in where there is thickening of membrane and "dome spike" appearance is ____.
18.

| Condition | Association |
|---|---|
| 1.Minimal change disease | Auto immune pathology |
| 2. Focal segmental glomerulosclerosis | HIV, sickle cell anemia |
| 3.Membranous Nephropathy | SLE, Hepatitis B, C |

19. Cola colored urine after streptococcal infection is most likely the diagnosis of ___.
20. Most common cause of death in SLE patient having crescent shape appearance is ___.
21. Triad of hematuria, cataract in hearing loss having collagen type 4 defect is seen in ___.
22. The diuretics used in the treatment of high-altitude sickness and lead to acidosis is ___.
23. With diuretic is known for ototoxicity ____.
24. The diuretic lead to gynecomastia and possible hyperkalemia is called ____.
25. The diuretic to inhibit Na/Cl reabsorption in the DCT is ___.
26. Name the diuretic used in hepatic ascites ____.
27. DOC in diabetic nephropathy ____.
28. Dry cough angioedema is the side effect of ____.
29. The teratogenic effect of ACEI is ____.

## ANSWER KEY

| | | | |
|---|---|---|---|
| 1 | Intermediate mesoderm | 2 | Potter syndrome |
| 3 | Ureters | 4 | Vas deference |
| 5 | Inulin | 6 | PAH |
| 7 | PCT | 8 | DCT |
| 9 | Potassium | 10 | V2-receptors |
| 11 | DCT | 12 | Erythropoietin (EPO) |
| 13 | PTH | 14 | PCT |
| 15 | Respiratory alkalosis | 16 | Minimal change disease |
| 17 | Membranous nephropathy | 18 | Table |
| 19 | Post streptococcal glomerulonephritis | 20 | Diffuse nephropathy |
| 21 | Alport syndrome | 22 | Acetazolamide |
| 23 | Loop diuretics | 24 | Thiazide diuretic |
| 25 | Spironolactone | 26 | Thiazide diuretics |
| 27 | Spironolactone | 28 | ACEI |
| 29 | ACEI | 30 | Renal Mal Function |

# MUSCULOSKELETAL SYSTEM

1. Specific test done for SLE is ______.
2. Diagnostic antibody for celiac disease is ______.
3. A person have slurred speech and can't able to speak most likely the area demage is __.
4. A patient developed hemolysis as he was on antimerial most likely the level has to be check is ____.
5. The morning stiffness in joints which is last for more than 1 hr and relieve with the work diagnosis _____.

## ANSWER KEY

| | | | |
|---|---|---|---|
| 1 | Anti dsDNA | 2 | Anti-Trans Tissue Glutaminase |
| 3 | Broca Area | 4 | G6PD |
| 5 | Rheumatoid Arthritis | 6 | |

# GYNAECOLOGY

1. A lady present after delivery with a massive bleeding in home most likely cause is ____.
2. A female complain of vaginal discharge having fishy smell and clue cell on examination diagnosis ____.
3. A female with bleed per vagina having greenish discharge and severe pruritis and foul smell examination show strawberry cervix diagnosis ____.
4. Thick white curdy vaginal discharge is commonly ____.
5. A female with 24 wk of gestation, hypertensive, proteinuria and epigastric pain is ____.
6. Preeclampsia with seizure is called ____.
7. The drug used to control seizure in eclampsia is ____.
8. Treatment of choice for pelvic inflammatory disease is ____.
9. A female complain of vaginal bleeding, abdominal pain examination show cervical OS is closed but POC is present in uterus is ____.
10. Choice of surgery for fourth degree uterine prolapse is ____.
11. Safe contraception in breast feeding ____.
12. A couple visit to Gynae clinic want choice of contraception but male have HIV so in this case the choice of contraception will be ____.
13. A female presented with complain of painless bright red blood in the late third trimester is ____.
14. Drug of choice for initial management of postpartum hemorrhage ____.
15. A female having uterine contraception in 31 week of gestation tocolytic of choice will be ____.
16. A female having amenorrhea inspite of mood swing on examination bulging was noted most likely diagnosis ____.
17. Which of the following investigation is done for definitive diagnosis of endometriosis ____.
18. Investigation done for ectopic pregnancy is ____.
19. A female present with first trimester vaginal spotting, amenorrhea and lower abdominal pain diagnosis ____.
20. If mother is Rh negative and fetus is Rh positive the affected pregnancy will be ____.
21. Most common complication of abruptive placenta is ____.
22. A female presented with Adnexal mass, weight loss and CA 125 positve think ____.
23. A young female having BMI 32, menstrual irregularity, hirsutism and her LH ratio was high as compared to FSH ____.
24. Drug of choice in PCOS if female want to conceive ____.
25. Investigation of choice for gestational diabetes is ____.
26. Drug of choice for gestational diabetes is ____.
27. Most common gynaecological cancer after menopause is ____.
28. Pap smear is screen test for ____.
29. A 32 yrs old woman comes with ulcers on Vulva. O/E multiple ulcers which were non tender and inguinal lymph nodes were enlarged. The diagnosis is ____.
30. A 24-yr odl primigravida presented with vaginal discharge and itching. On examination discharge is thick and curdy white. This discharge is diagnostic of ____.
31. During laparotomy of a 44 year old woman, frozen section report reveals signet ring cells in the tumour. What is the diagnosis ____.
32. Main support of the uterus is ____.
33. Incidence of fibroids in a woman of reproductive age ____.

34. A 53 yr old woman complains of involuntary leakage of urine by coughing or lifting weights. What would be the most likely diagnosis __.
35. Vagina is lined by which epithelium ____.
36. Typically sonographic picture of a complete hydatidiform mole is like __.
37. Which of the following is the long term effect of menopause ____.
38. Major cause of first trimester miscarriage is ____.
39. At what time serum progesterone level should be measured for the detection of ovulation in the woman with regular menstrual cycle __.
40. A 25 yr old P2 presents in the OPD with the complaints of irregular vaginal bleeding, duration of the cycle is 11 days occurring after ever 15 days. This pattern of bleeding is ____.
41. PAP (Papanicolaou) smear is taken from ____.
42. Most common site of genital tuberculosis is ____.
43. A 30 yr old woman developed amenorrhea after evacuation and curettage (E & C) which was done six months ago for incomplete miscarriage. Most probable diagnosis is ___.
44. A 23 year old woman married for the last three years is unable to conceive. She has polycystic ovarian syndrome. Her infertility is best treated with ____.
45. Drug used in management of ectopic pregnancy ____.
46. Best methods to predict ovulation is ____.
47. Quickening felt by mother in ____.
48. Fetal anomaly seen in ____.
49. Which Anticoagulant used in pregnancy ____.
50. Rh incompatibility occur when mother is Rh negative and father is Rh _____.
51. Drug of choice to control seizure in eclampsia is _____.
52. Half life of oxytoicn is ________.
53. The most common cause of postpartum hemorrhage is _____..
54. The calcium channel blocker used in subarachnoid hemorrhage is ____.
55. The most common cause of infertility in young female is ______.
56. The most important muscle of pelvic floor is ______.
57. Second stage of labour ends with ________.

# ANSWER KEY

| | | | |
|---|---|---|---|
| 1 | Uterine Atony | 2 | Bacterial Vaginosis |
| 3 | Trichomoniasis | 4 | Candida infection |
| 5 | Preeclampsia | 6 | Eclampsia |
| 7 | Mgso4 | 8 | Metronidazole plus azithromycin for 10 days |
| 9 | Threatened abortion | 10 | Hysterectomy |
| 11 | Mini pill (POP) | 12 | Barrier method |
| 13 | Placenta previa | 14 | Oxytocin |
| 15 | Nifedipine | 16 | Imperforate hymen |
| 17 | Laparascopy | 18 | Trans abdominal scan plus beta Hcg |
| 19 | Ectopic pregnancy | 20 | Second time |
| 21 | Sepsis and shock | 22 | Ovarain cancer |
| 23 | PCOS | 24 | Clomaphine citrate |
| 25 | OGTT | 26 | Insulin |
| 27 | Endometrial cancer | 28 | Cervical cancer |
| 29 | Syphilis | 30 | Vulvovaginal Candidiasis |
| 31 | Krukenberg Tumour | 32 | Pudendal Nerve |
| 33 | Ovary | 34 | Stress Incontinence |
| 35 | Stratified squamous | 36 | Snow storm |
| 37 | Osteoporosis | 38 | Foetal chromosomal abnormalities |
| 39 | 21st Day of the cycle | 40 | Polymenorrhagia |
| 41 | Squamocolumnar junction | 42 | Fallopian Tube |
| 43 | Asherman's syndrome | 44 | Clomiphene citrate |
| 45 | Methotrexate | 46 | LH Surge |
| 47 | 18th week of gestation | 48 | 18 to 22 th wks |
| 49 | Heparin | 50 | Positive |
| 51 | Mgso4 | 52 | 5-Min |
| 53 | Uterine atony | 54 | Labetalol . (tov.p) |
| 55 | PCOS | 56 | Levator Ani |
| 57 | Expulsion of fetus | | |

# OPHTHALMOLOGY

1. Most common cause of cataracts _____.
2. Abducen nerve palsy lead to _____.
3. A student can't read the board but having no difficulty in reading the book most likely diagnosis is _____.
4. Painless visual loss in older patient having raised IOP is _____.
5. Myesthenia gravis is muscular disease affecting ocular muscle in which the problem lies _____.
6. Which eye drop is contraindicated in corneal ulcer ____.
7. A lady with vesicular eruption followed by watering from eye most likely diagnosis ____.
8. Most commonly dangerous acid for eye is ____.
9. A male brought to the emergency after car crash accident with history of ocular trauma sudden impaired visual acquity, blurry vision and the individual complain that curtin are falling in front of his eye diagnosis ____.
10. A 34 yrs old female present to the ophthalmology department complain of blurry vision, photophobia, excessive discharge and high grade fever. Her past history for rheumatoid arthritis was positive. And on examination there is pus in anterior chamber most likely diagnosis ____.
11. A 1 yr old child present with stickiness and watering from eye diadnosis is ____.
12. If accidentally lime came into first step in management is ____.
13. A condition in which the eyelashes of lower lid is turn outward diagnosis is ____.
14. The choice of surgery for cataract is _____.
15. A patient having ptosis, mydriasis and exotropia most likely nerve damage is ___.
16. Neuropathic pain over the dermatome most likely organism___.
17. A patient having sudden loss of vision and examination show pale retina diagnosis ___.
18. A patient complains of watery discharge from eye, itching which worsen in summer diagnosis ___.

## ANSWER KEY

| | | | |
|---|---|---|---|
| 1 | Advanced Aged | 2 | Esotropia |
| 3 | Myopia | 4 | Open Angle Glaucoma |
| 5 | Neuromuscular Junction | 6 | Prednisolone |
| 7 | Herpes Simplex Virus | 8 | Battery Acid |
| 9 | Retinal Detachment | 10 | Uveitis |
| 11 | Blepharitis | 12 | Washing the eye |
| 13 | Ectropion | 14 | Phacoemulsification |
| 15 | Occulomotor (CN III) | 16 | Herpes Zoster (Shingle) |
| 17 | Central Retinal Artery Occulusion | 18 | Seasonal Conjunctivitis |

## DERMATOLOGY

1. Honey colour crust is seen in ____.
2. Sphegatti and Meat ball appearance is seen in ____.
3. Contact dermatitis is an example of ____.
4. Red plaque with silvery white scale seen in ____.
5. A poxvirus infection in immunodeficient pt having doom shaped central umbilication is ____.
6. Treatment of choice for scabies is ____.
7. Shawl sign and gattron papules is seen in ____.
8. A hypoesthetic lesion characterized by enlargement of lunar and common peroneal nerve is seen in ____.
9. Chilitis, glossitis and vitiligo is highly associated with ____.
10. Leshminiasis is caused by ____.
11. A lesion having erythematous lesion having central clearing is seen in ____.
12. Autoimmune disease lead to positive nikolsky sign is ____.

## ANSWER KEY

| | | | |
|---|---|---|---|
| 1 | Impetigo | 2 | Tinea Versicolor |
| 3 | HSR Type IV | 4 | Psoriasis |
| | Molluscum Contagiosum | 6 | 5 percent permethrin |
| | Dermatomyositis | 8 | Leprosy |
| | Pernicious Anemia | 10 | Sand Fly |
| | Tinea (ring worm) | 12 | Pemphigous Vulgarus |

# E.N.T

1. The most commonly artery bleed in anterior epistaxis is ____.
2. The nasal polyp originate from maxillary sinus is ____.
3. Boil from the tip of the nose can lead to ____.
4. Nasolacrimal duct open in to ____.
5. Steeple sign on CXR is a diagnostic of ____.
6. Thumbprint sign on CXR is a diagnostic of ____.
7. Malignant Otitis Externa etiology ____.
8. Treatment of choice for otoscelerosis in young person is ____.
9. Most common cause of bronchiolitis is children is ____.
10. Tracheostomy site ____.
11. Main blood supply to tonsil is ____.
12. Maxillary sinus open in to ____.
13. A type of middle ear problem which run in the family in which stape bone become hard most likely is ____.
14. Antro choanal polyp growing toward nasopharyng arises from ____.
15. Most common cause of sensorineural hearing loss is ____.
16. A patient presented with high grade fever, difficulty in swallowing and there is membrane on tonsil most likely is ____.
17. Warts also known as varrucea caused by ____.

## ANSWER KEY

| | | | |
|---|---|---|---|
| 1 | Sphenopalatine Artery | 2 | Antrochoanal Polyp |
| 3 | Cavernous Sinus Thrombosis | 4 | Inferior Nasal Meatus |
| 5 | Croup | 6 | Epiglottis |
| 7 | Pseudomonas | 8 | Stapedectomy |
| 9 | RSV | 10 | 3rd and 4th treacheal ring |
| 11 | Tonsillar beach of facial artery | 12 | Middle Meatus |
| 13 | Otosclerosis | 14 | Maxillary Sinus |
| 15 | Presbycusis | 16 | Diptheria |
| 17 | HPV subtypes 6 and 11 | 18 | |

# PEADS

1. On auscultation machinery and continuous murmur are seen in ____.
2. Trisomy 21 is ____.
3. The most common cause of primary amenorrhea due to avarian dysgenesis having karyotyping 45x0 ____.
4. A 2 yrs old boy present to the clinic with episodic abdominal pain, vomiting (Billious) and currant jally mucous in the stool O/E there is distention of abdomen "Sauasage shaped" RUQ abdominal mass and USG show target sign most likely diagnosis is ____.
5. The definitive treatment of pyloric stenosis is ____.
6. The confirmatory test for hirshphrung disease is ____.
7. The most common cause of meningitis is meonate is ____.
8. The NSAID used to closed PDA is ____.
9. APGAR Score
    - i) 0 – 3 →Required immediate resuscitation
    - ii) 4-7 → possible need for resuscitation infant should be abserved and monitor
    - iii) 8-10 → shows good cardiopulmonary adaptation
    - iv) Highest number in APGAR is ____ and lowest is ____.
10. Patient having severe allergies to the eggs may not receive ____.
11. The most common age for onset of febrile seizure is ____.
12. The baby usually crawls around the age of ____.
13. Ground glass appearance on chest x ray is hallmarks of ____.
14. The steroid given for baby lung maturation is ____.
15. Koplik spot is a pathognomonic of ____.
16. Breast milk contain ____.
17. A baby with ambiguous genitalia the hormones to check is ____.
18. Most common cause of neonatal jaundice is ____.
19. The compression rate for BLS and ALS in child is ____.
20. The most common cause of nephrotic syndrome in children is ____.
21. Atropine is useful antidote in ____.
22. A lamnourished child having bitot spot in eye most likely deficiency is ____.

## ANSWER KEY

| | | | |
|---|---|---|---|
| 1 | PDA | 2 | Syndrome |
| 3 | Turner syndrome | 4 | Intussusception |
| 5 | Pylorotomy | 6 | Rectal biopsy |
| 7 | GBS | 8 | Indomethacin |
| 9 | 2 / 0 | 10 | MMR |
| 11 | 6 months to 5 yrs | 12 | 9 months |
| 13 | NRDS | 14 | Betamethasone |
| 15 | Measles | 16 | IgA |
| 17 | 17 hydroxy progesterone Level | 18 | Biliary atresia |
| 19 | 100 per mints | 20 | Minimal change disease |
| 21 | Organophosphate | 22 | Vitamin A |

# PSYCHIATRY

1. Perception e out existing stimulus _____.
2. Misperception in the presence of actual stimulus _____.
3. A teacher is rechecking students _____.
4. Fluctuating level of consciousness is seen in _____.
5. Doc in bipder disorder is _____.
6. A girl is suddenly loss of vision, seeing after boyfriend ear accident _____.
7. A mother who is angry at her husband and beat her child _____.
8. Amenorrhea, low body weight (MBI) and abnormal body image in a young female ____.
9. The main neurotransmitter play rule in depression is _____.
10. Perception e out existing stimulus ____.
11. A person who was very destructive, irritable and loss 20 thousand dollar in gambling inspite of that he become very active symptom ____.
12. The initial stage in a grief is ____.
13. The best way to communicate for a doctor e a pt is to use ___.
14. The ability to understand one about himself or herself ____.
15. The most common side effect of clozapine is ____.
16. The drug of choice for malignant hyperthermia is _____.
17. The practice of intentionally ending a life to relief pain in terminal stages of cancer ___.
18. A person cannot want to attend the parties because he thinks that the people will make talk about him ___.
19. Which defence mechanism is queen of mechanism ___.
20. Breaking the rules and laws think of ___.

## ANSWER KEY

| | | | |
|---|---|---|---|
| 1 | Hallucination | 2 | Illusion |
| 3 | OCD | 4 | Dilirium |
| 5 | Lithium | 6 | Conversion disorder |
| 7 | Displacement | 8 | Anorexia nervosa |
| 9 | Serotonin | 10 | Hallucination |
| 11 | Mania (Bipola disorder) | 12 | Deniel |
| 13 | Pt language | 14 | Counseling |
| 15 | Agranulocytosis | 16 | Dentroline |
| 17 | Euthanasia | 18 | Avoidnat |
| 19 | Repression | 20 | Anti Social |

# SURGERY

1. Components of BECK's triad is muffled heart sound raised JVP, Hypotension seen in ____
2. Durring thyroid dectomy hoarseness of voice is due to ____.
3. Long thoracic nerve suplly serratus anterior muscle if injured leads to ____.
4. Common complication of GERD ____.
5. A person C/O perianal pain during deification which is even persist after deification and streak of blood on stool ____.
6. The most common site from where prostate cancer originate ____.
7. A pt suddenly develop epigastric pain radiating toward the back and level of serum amylase and lipase ____.
8. The most common cancer in burn scar is ____.
9. A 26 yr old male brought to ED with 1+/0 vomiting, tender in Risht fossa ____.
10. A pt having wound in the Foot where "Crepitus under the wound" is +ve is ____ causative agent ____.
11. A pt brought to ED C/O urinary retention but there is clot in urethra the next option passing catheter will be ____.
12. A pt br-to ED a head trauma in a unconscious state, CT was done which show convextity ____.
13. A 14 yr old child brought to ED C/O intense testicular pain and on elevation of tests pain ____.
14. A person falling from height on right side of upper limb. X-ray was done in Ed which shows diphasis fx of humerus nerve damage ____.
15. Most effective method of monitoring i/v fluid in resuscitation of burn pt is ____.
16. Testicular torsion is an emergency and should be corrected e in ____.
17. The most common site for diverticulum is ____.
18. Greenish discharge from any wound is ____.
19. Most common site of appendix____.
20. Tumour markers in colon cancer is____.
21. The History off bleeding per rectum with prolapse and which can manually reduced is____.
22. Triad of jaundice, fever and RUQ is seen in____.
23. Most common type of stone in fall bladder is____.
24. The best investigation for CBD pathology which is diagnostic and therapeutic as well____.
25. The kidney stone which has increased risk of infection is____.
26. The organism which increase risk of urinary bladder cancer is____.
27. Left testicular vein drain into____.
28. Scrotal swelling usually on left side and examination shows Bag of worm think of____.
29. Testicular torsion result painfull condition and it should be treated with in____.
30. History of polycythemia, RUQ, Hepatomegaly and ascites think of ____.
31. History of head Injury with lucid interval and CT show biconvex heamtoma think of____.
32. The scale used for severity of Accessing Brain trauma is____.
33. The most common site for prostate cancer is____.
34. The tumour markers in prostate cancer is____.
35. Most common site for Benign prostate Hyperplaisia is____.
36. Beta-HCG is a tumor marker of ________.
37. Fluid of choice for vomiting ____.
38. Fluid of choice for Diarrhea ____.
39. The best treatment of contaminated wound of legs is ____.
40. Most common primary brain tumor in adults ____.
41. Most common brain tumor in children ____.

42. Most sensitive test for subarachnoid hemorrhage is ____.
43. Initial treatment of keloid is ____.
44. Drug of choice for galactorrhea is ____.
45. Most common site of thyroglossal cyst ____.
46. Most sensitive and specific test for thyroid function ____.
47. First Investigation in acute pancreatitis ____.
48. Most common affected lower limb muscle in poliomyelitis ____.
49. Most common location of the appendix ____
50. Least common location of the appendix ____.
51. A 30-year old male present with complete rectal prolapsed ____.
52. A young male patient presents with compete rectal prolapsed. The surgery of choice is ____.
53. Most common site of colorectal cancer ____.
54. Most common symptom and the earliest symptom of colorectal cancer is ____.
55. Most common symptom of CA anal canal ____.
56. Most common site of lymph nodes metastasis of CA anal canal ____.
57. Investigation of choice for diagnosis of CA anal canal ____.
58. Patient with typical symptoms are rectal bleeding, mucus discharge, diarrhea and abdominal pain ____.
59. Most common injured nerve in appendectomy ____.
60. Characteristic of Crohn's disease ____.
61. Crypt abscess is pathognomonic ____.
62. Earliest symptoms in acute appendicitis is ____.
63. In Alvarado scoring system, score of 7 or more than 7 is indicates ____.
64. Investigation for diagnosis of acute appendicitis in children ____.
65. Gold standard for diagnosis of acute appendicitis ____.
66. Most common mesenchymal tumor of the GI tract ____.
67. Investigation of choice for evaluation of primary tumor & accurate staging of GIST ____.
68. Most common site for lymphoma in gastroinetestinal tract ____.
69. Association of classic Hodgkin's disease with ____.
70. Borchardt's triad: (Epigastric pain _ inhability to vomit + inhability to pass a nasogastric tube) is characteristic feature of ____.
71. Most common organism involve in spontaneous bacterial peritonitis in adults ____.
72. A 30-year old female has history of bilateral breast tenderness related to menstrual cycle with lumps coming and going ____.
73. A 30-year old lactating mother has red, hot tender mass with fever and leukocytosis ____.
74. Most common site of splanchnic artery aneurysm ____.
75. Most common site of intra-abdominal aneurysm ____.

# ANSWER KEY

| | | | |
|---|---|---|---|
| 1 | Hypotension, muffled heart sound and raised JVP | 2 | Recurrent laryngeal nerve damage |
| 3 | Winging of scapula | 4 | Barret easophagus |
| 5 | Anal fissures | 6 | Periphearal Zone of prostate |
| 7 | Acute pancreatitis (most common cause gall stone) | | |
| 8 | Squamous cell carcinoma | 9 | Acute appendicitis |
| 10 | Gas gangrene | 11 | Supra Pubic |
| 12 | Epidural/ extra dural hemotoma | 13 | Prehn sign-ve testicular torsion |
| 14 | Rodial Nerve | 15 | Hourly urine output monitoring |
| 16 | 6 hours | 17 | Sigmoid colon |
| 18 | Pseudomonas Aerogenesis | 19 | Retroceacal |
| 20 | CEA | 21 | Third Degree hemorrhoid |
| 22 | Acute Cholangitis | 23 | Cholesterol |
| 24 | ERCP | 25 | Struvite Stone |
| 26 | Shictosoma Hematobium | 27 | Left Renal Vein |
| 28 | Varicocele | 29 | 6 hrs |
| 30 | Budd chairi syndrome | 31 | Epidural Hematoma |
| 32 | Glasgow Coma scale | 33 | Peripheral Zone |
| 34 | PSA | 35 | Per urethral zone |
| 36 | Choriocarcinoma | 37 | Normal Saline |
| 38 | Ringer Lactate | 39 | Debridement & Antibiotics |
| 40 | Glioblastoma | 41 | Astrocytoma |
| 42 | Lumbar puncture | 43 | Intralesional steroids |
| 44 | Bromocriptine | 45 | Subhyoid |
| 46 | TSH | 47 | USG |
| 48 | Quadriceps femoris | 49 | Retrocecal |
| 50 | Postileal | 51 | Rectopexy |
| 52 | Abdominal rectopexy | 53 | Rectum |
| 54 | Bleeding | 55 | Per rectal bleeding |
| 56 | Inguinal lymph nodes | 57 | Proctoscopy with biopsy |
| 58 | Villous polyp | 59 | Iliohypogastric nerve |
| 60 | Transmural Involvement with skip lesions | 61 | Ulcerative colitis |
| 62 | Abdominal Pain | 63 | Acute appendicitis |
| 64 | Ultrasound | 65 | Contrast-enhanced CT scan (CECT) |
| 66 | Gastrointestinal stromal tumor | 67 | CT Scan |
| 68 | Stomach (Gastric Antrum) | 69 | EBV |
| 70 | Gastric volvulus | 71 | E-Coli>Klebsiella |
| 72 | Fibrocystic disease | 73 | Breast abscess |
| 74 | Splenic artery | 75 | Aorta |

# COMMUNITY MEDICINE

1. Mother suffer from German Measles in First trimester the infant born might have congenital abnormalities what should be done?
2. If mother or women forget takes three pills they should.
3. A women is taking antiepileptic and OCP despite of it she become pregnant which is responsible.
4. How to calculate the body mass index?
5. A 21yr old young female with no medical condition is seeking advice on contraception of choice will be.
6. Which hormone or body have natural contraceptive role
7. Mention the cancer that decrease in risk with use of OCP.
8. Most common contraceptive throughout world.
9. The antibody inject to erythroblast sis fibrosis in Rh incapability.
10. Drug of choice in pregnancy induced HTn.
11. A 27 year female with epilepsy well controlled on valproic acid has became pregnant. What's ur plan of action?
12. Most sensitive indicator for MCH is.
13. 1gm of protein provide.
14. Low birth wt baby is one who's wt is By birth less than.
15. If annual growth rate of population is 2%. Then it will be double in?
16. In the data 15,2, 9,10,18,14,72. The median is?
17. In the data 2,4,2,8,10,2,8,4,2,3,2. The mode is?
18. Hospital waste is best disposed of By?
19. Equity in health service mean.
20. Sensitive indication of health states of who population.
21. Arranging mosquitoes net for prevention of malaria is an example of.
22. The time b/w entry of organism and appearance of sign & symptom is.
23. All screening test to detect and treat disease diagnosed early example of.
24. Giving vit.c to prevent scurvy is an example of.
25. The combined and coordinated use of medical, vocational, social and psychological training & retraining to the highest possible level of functional ability is called.

# ANSWER KEY

| | | | |
|---|---|---|---|
| 1 | mmR | 2 | Start again from start |
| 3 | Rifampicin | 4 | $\frac{\textit{wt in kg}}{\textit{Height in mz}}$ |
| 5 | OCP | 6 | Prolactin |
| 7 | Ovarian CA | 8 | Barrier Method |
| 9 | IgG | 10 | Labetalol > methyldopa |
| 11 | Increase folic acid | 12 | Maternal mortility Rate (mmR) |
| 13 | 4 Kca/mol | 14 | 2.5kg |
| 15 | 35 yrs | 16 | 14 |
| 17 | 2 | 18 | Incineration |
| 19 | Provision of Health service according to need | 20 | Infant mortility Rate (IMR) |
| 21 | Primordial prevention | 22 | Incubation Period |
| 23 | Secondary prevention | 24 | Primary prevention |
| 25 | Rehabilitation | | |

# FORENSIC MEDICINE

1. The anal intercourse between a man and a woman or a man and man is.
2. A woman abort a child whose organ have not been develop is.
3. A woman abort a child who organ has been formed is.
4. The phenomenon where it is difficult to distinguished between entry would and exit wound in fire arm injuries is know as.
5. Two bullets in one wound due to mechanical defect in firearm, first bullet cannot come out and when second is fire both entered the target.
6. The bullet used in marriages or parties is.
7. Most common type of finger print is.
8. The most site for taking bone marrow biopsy is.
9. The statement recorded on oath in the presence of accused and magistrate is called.
10. If someone gets registration by fraud, he gets punishment under section.
11. Value of Diyat is fixed by government.
12. The most common consent in our hospital is.
13. Judical hanging can cause fracture and dislocation of C2, C3 vertebrae is an example of.
14. A surgeon under the affect of alcohol perform surgery and during surgery he has behaved an ivory wicked manner and patient death occurred.
15. In Pakistan, when a person dies in a police custody or a jail, an inquest must be held by..
16. Assessment of % of burn in from.
17. The organ which most likely shows blast lesion in water is.
18. The organ in male which shows resistance to putrefaction is.
19. Which poison is called vegetable acid.
20. A poison inhaled by an individual lead to sudden death without cry, the most probable poison is.
21. In postmortem finding of cynide give rise to a characteristics smell.
22. Pink hypostasis in characteristics of.
23. Which of the following poison lead to hypocalcemia.
24. A person after ingestion of white crystalline substance where taste is strongly acidic and present immediately with violent vomiting, pain in stomach, feeble pulse, cold sweat, collapse and dies less than 1 hour known as Christian saying, this is most probably diagnosis of.
25. Phenol is also known as.
26. Olive green color urine is seen in.
27. After ingestion acidic taste in mouth, burning pain from stomach to mouth, No pain, no vomiting and achronasis, mostly which poisoning.
28. The snake which produced vasculotoxic venome and damaged the blood vessel lead to DIC and cause death with in hrs to days.

29. The first step in the Management of preventions of spread of venome is.
30. 62 years old man found cynosed, feable pulse, altered state of consciousness in the mouth of December, Investigation reveals low 02 saturation despite of Normal PaO2 and cherry red appearance. What will be the possible diagnosis?
31. The poisoning lead to the respiratory alkalosis then metabolic acidosis is.
32. Red velvety stomach is seen in which of the poisoning?
33. Rain drop brown pigmentation on the skin and Mee's line is seen in.
34. Kf-ring around the cornea, ataxia and hepatic involvement classical triad of.
35. A painter or a worker in a battery shop present to the ER after ingestion of a substance having metallic taste in the mouth with central abdominal pain relieved by pressure, there is Bartonian line on the gums, O/E right sided foot drop is noted, Which is the most likely poisoning in the person?
36. The chelating agent for lead poisoning is.
37. In chronic mercury poisoning, discoloration of lense is known as.
38. Name the ideal homicidal poison which block the potassium entry into the cell and lead to arrythemia and death.
39. A person present to the emergency department with H/O eating atrops belladonna plant seeds. Dry mouth, dialated pupil, constipation, flushing, increase temperature, blurring of vision, which poison should be suspected?
40. Which poison is used for stupefying purpose?
41. A farmer with the H/O insecticides present to the emergency unit with C/O salivation, lacrimation, diarrhea, urination, misosis, bradycardia and difficulty in breathing, What is the possible diagnosis?
42. A person is brought by the colleagues to the emergency unit with H/O initial CNS excitation and the CNS depression and the person is complaining about small insect creeping under the skin. Most likely diagnosis is?
43. The most reliable method for personal identification is.
44. The presence of tachynoire is suggested that the time since death is.
45. Marvelling after death in a dead body is seen in the.
46. Rigar Morris starts when muscle ATP is reduced below.
47. Common cause of death in fresh water drawing is.
48. A type of injury to the head which lead to fracture as well as dislocation of bone is suggestive of.
49. The time for elective member of elective member of PMDC is.
50. Hypostasis is delayed in which of the following condition?

# ANSWER KEY

| | | | |
|---|---|---|---|
| 1 | Sodomy Or Buggery | 2 | Isqat-i-Hamal |
| 3 | Isqat-i-Janin | 4 | Kedney Rhenomenon |
| 5 | Tandom Bullet | 6 | Rochette Bullet |
| 7 | LOOP | 8 | Illiac Crest |
| 9 | Dying Deposition | 10 | 28 |
| 11 | 1st July | 12 | Blanket Consent |
| 13 | Typical Hanging | 14 | Criminal Negligence |
| 15 | Magistrate | 16 | Rule of Nine |
| 17 | Intestine | 18 | Prostate |
| 19 | Cynide | 20 | Cynide poisoning |
| 21 | Bitter Almond | 22 | Cynide poisoning |
| 23 | Oxalic acid | 24 | Oxalic acid |
| 25 | Carbolic Acid | 26 | Phenol Poisoning |
| 27 | Phenol Poisoning | 28 | Vipers |
| 29 | Immobilization | 30 | Co Poisoning |
| 31 | Aspirin | 32 | Arsenic |
| 33 | Arsenic | 34 | Wilson disease |
| 35 | Lead Poisoning | 36 | Pencillamine |
| 37 | Mercurial Lentis | 38 | Thalium |
| 39 | Atropine | 40 | Dhatura |
| 41 | Organo Phosphate | 42 | Cocaine |
| 43 | Dactylography | 44 | 3 hours |
| 45 | 1st week | 46 | 15% |
| 47 | Ventricular fibrillation | 48 | Shaja-e-Munaqilah |
| 49 | 5 Years | 50 | Anemia |

# IMMUNOLOGY

1. Site of production and maturation of B-Cell.
2. Site of maturation of T-Cell (T-Lymphocytes).
3. Lymph drain from cervix in female and prostate in male drain into.
4. Name the vaccination before splenectomy i.e.
5. Thymus embryologically derived from which phyrngeal pouch.
6. Mature from of B-lymphocyte is .
7. Most abundant antibody is .
8. Antibody present in secretion i.e. milk, saliva, mucous and tears.
9. Antibody which is pentameric and involved in primary immune response.
10. Antibody involve in the hypersensitivity type I Reaction.
11. The chemical reactant which sequester the iron and prevent the iron read to anemia of chronic disease is.
12. The pathway mediated by IgG or Igm is.
13. Herediatary angoioedema is due to deficiency of.
14. The immunity which are rapid due to receiving already performed antibodies is.
15. Maternal IgG crossing placenta gives which immunity.
16. The route of BCG vaccine is.
17. Severe type of type one hypersensitivity reaction is.
18. IHA, transfusion Rn, and Rheumatic fever, myasthenia gravis are the examples of.
19. Contact dermatitis, TB, Graft Versu, hust rejection are the example of.
20. Anti-Ach receptor antibody.
21. Anti-dsDNA.
22. An immune deficiencysryndrome characterized by thymic aplasia, hypockemia, cleft palate and improper development of 3rd and 4th pharyngeal pouch is called.
23. Defect in ATM-gene characterized by classic traid ataxia, angioma and IgA deficiency.
24. Taking graft from one part and putting in other part of the same individuals is.
25. Graft between twins or clones.
26. Graft between two different individuals of the same species.
27. Graft between different species.
28. Hyper acute transplant rejection is an example of.
29. Which immunosuppressant toxicity is increased by allopurinol.
30. Erythropoiten used in the Rx of.
31. The antibody used in Breast Cancer of gastric cancer is.
32. Eculizumab is used in.
33. Omalizumab is used in.
34. Palivizumb is used in.
35. Denosumab is used in.

## ANSWER KEY

| | | | |
|---|---|---|---|
| 1 | Bone Marrow | 2 | Thymus |
| 3 | | 4 | Pneumococcal,H.influenza, Strep. Pneumonae |
| 5 | 3rd phyrngeal pouch | 6 | Plasma Cell |
| 7 | IgG | 8 | IgA |
| 9 | IgM | 10 | IgE |
| 11 | Hepcidin | 12 | Classical Pathway |
| 13 | Cl-esterase inhibitors | 14 | Passive Immunity |
| 15 | Passive Immunity | 16 | Intradermal |
| 17 | Anaphylaxis | 18 | HSR-II |
| 19 | HSR-IV | 20 | Myesthenia gravis |
| 21 | S.L.E | 22 | Digeorge Syndrome |
| 23 | Wiskott Aldrich syndrome | 24 | Autograft |
| 25 | Isograft | 26 | Allograft |
| 27 | Kenograft | 28 | HSR-II |
| 29 | Methotrexate | 30 | Anemia of chronic disease |
| 31 | Transtuzumab | 32 | P.N.H |
| 33 | Bronchial Asthma | 34 | Bronshiolitis |
| 35 | Osteoporosis | | |

# EMBRYLOOGOY & REPRODUCTIVE SYSTEM

1. At Which week of gestation there will be differentiation of male and female genetilia.
2. Embryogenes period is started from.
3. Fetal period is started from.
4. Schwann cell is derived from.
5. The teratogenic effect of Aminoglycoside is.
6. Which antibiotic leads to teeth discoloration and inhibit bone growth.
7. Which anticoagulant is teratogenic warfarin or heparin.
8. The leading cause of low birth weight babies in developed countries is.
9. Which layer of placenta makes hormones.
10. Muscle of the mastication, anterior 2/3rd of the tongue and the anterior belly of digastric is derived from.
11. Muscle of facial expression, posterior belly of digastric and platysma is derived from.
12. All intrinsic muscle of the Larynx except Cricothyroid is derived from.
13. Posterior 1/3rd of the tongue Embryologically is derived from.
14. A baby born with thymus aplasia, recurrent infection and muscle spams and heart defect, most likely is.
15. Maturation of sperm occur's in.
16. The shortest part of Urethra.
17. One spermatogonia can give rise to.
18. One ogenium gives rise to.
19. Most potent form of testosterone is.
20. Karyotyping of klinefilter syndrome is.
21. Honeycombuterus or clusture of grapes and "snowstorm".
22. Traids of gestation 720 weeks, HTN and proteinuria is characteristic is.
23. Preclampsia and seizure is known as.
24. "Chocolate Cyst" blood filled cyst in the ovaries is suggestive of.
25. The typical necrosis seen in breast is

## ANSWER KEY

| | | | |
|---|---|---|---|
| 1 | 10 wks | 2 | 3-8th week |
| 3 | 9th week | 4 | Neural crest cell |
| 5 | Ototoxicity | 6 | Abstain anomaly |
| 7 | Tetracycline | 8 | Warfarin |
| 9 | Smoking | 10 | 1st Arch |
| 11 | 2nd Arch | 12 | 6th Arch |
| 13 | 4th n 6th Arch | 14 | Djeorge Syndrome |
| 15 | Epididymis | 16 | Membranous |
| 17 | 4sperm | 18 | 100um |
| 19 | DMT | 20 | 47XXy |
| 21 | Hydatiform mole | 22 | Preclamsia |
| 23 | Eclamsia | 24 | Endometriosis |
| 25 | Fat Necrosis | 26 | |

## MICROBIOLOGY

1. The stain used for whipple disease is.
2. Ziehl-Nelson-Stain is used for the diagnosis of.
3. For pneumocystis jirovec the stain used Silver stain.
4. The agar used for N-Gonorrhea and N-Meningitidis Thyer-Martin Agar.
5. A pt. present to the clinic high grade fever vomiting rashes desquamation of skin shock most probable Dx.
6. A person to the emergency unit seen after taking ingestion of food following by non-bleeding diarrhea & emesis must probably the poisoning caused by.
7. Most common cause of UTI is.
8. The gram-positive diplococci which "Lancet Shapped" is.
9. A patient present to the clinic with C/O coughing, dyspnea, "rusty sputum" Dx for sickle cell anemia. What is the most likely responsible for the respiratory involvement.
10. The common cause of infection endocarditis after dental procedure.
11. The most common cause of infective endocarditis in damaged heart valve is.
12. Honey-crusted lesion seen in.
13. Blanching, strawberry tongue, sand paper like body, rashes Dx is scarlet fever most common cause.
14. Most common cause of infective endocarditis in colon cancer is.
15. Medusa Head appearance is seen in.
16. Reheated rice syndrome is caused by.
17. The toxin produced by clostridium tetani is.
18. A baby after injection of spore in honey become drowsy, hypotonic and diagnosed for fluffy baby syndrome which toxin is responsible.
19. Which type of paralysis is seen in botulism toxin.
20. The drug of choice for pseudomembranous colitis.
21. Classic tetrad of (4D's) Diplopia, Dysphagia, Dysarthria and Dyspnea seen in which clostridium infection.
22. The bacteria which can inhibit the elongation factor "EF2" and produce pseudomembranous path in mouth is.
23. Rocket tail appearance is seen in which bacterial infection.
24. Which antibiotic is used as prophylactically in AIDS when CD4+<50cell/mm.
25. leprosy is also known as.
26. Glove and stoking seen in.
27. Dapsone clofazimine and rifampicin used for.
28. A child having epiglottis cherry red appearance and "thumb print sign" on x-ray most likely cause is.
29. A trait of anemia, thrombocytopenia and uremia caused by 0157:H7 is.
30. In typhoid fever there is.

# ANSWER KEY

| | | | |
|---|---|---|---|
| 1 | PAS-stain | 2 | Mycobacterium tuberculosis |
| 3 | Silver stain | 4 | Thyer-martinagar |
| 5 | Staphylococcal tack shock syndrome | 6 | Staphylococcal toxin |
| 7 | E-colli | 8 | Strept pneumonia |
| 9 | Strepti pneumonia | 10 | Stepti viridian |
| 11 | Strepti vididan | 12 | Streptococcus pyogenic |
| 13 | Streptococcus pyogenic | 14 | Streptococcus bovis |
| 15 | Bacillus anthracis | 16 | Bacillus cereus |
| 17 | Tetanus spasm | 18 | Ecstatic botulis |
| 19 | | 20 | Vancomycin |
| 21 | Clostridiums dificile | 22 | Diphtheria |
| 23 | Listeria Monocytogenes | 24 | AZITHROMYCIN |
| 25 | Hangen disease | 26 | Leprosy |
| 27 | Lepromatous leprosy | 28 | Hemophilus influenza |
| 29 | E-coli | 30 | Rose spot |

# NRE 15$^{TH}$ DEC 2024 PAST PAPER

1. A young child has increased BP in upper limbs while decreased BP in lower limbs there is radiofemoral delay. Pulse in also weak probable diagnosis will be:
A. Pre ductalcoarctation of aorta
B. V.S.D
C. Patent ductusarteriosus
D. Post ductal coarctation of aorta
ANS: D

2. A young patient present sto you with fever, neck rigidity. Diagnosis of meningitis is made. Gram stain of CSF reveals pus cells and cocci. Which of the following organism will be the cause of the above mentioned symptoms?
A. Streptococcus Pneumonia
B. Streptococcus Pyogenes
C. Neisseria Meningitides
D. Staphylococcus Aureus
ANS: C

3. After a road traffic accident the patient got has fibular neck fractured presented with foot drop and now unable to dorsiflex and evert foot. Damage occurred to:
A. Superficial peroneal nerve
B. Deep Peroneal Nerve
C. Common peroneal nerve
D. Sural Nerve
ANS: C

4. A child cannot see what's written on blackboard. Most likely condition he has?
A. Myopic astigmatism
B. Axial Hypermetropia
C. Both A and B
D. None
ANS: A

5. A 25-year old female consulted her physician about the swelling in the anterior part of her neck. On examination the swelling is just below the hypid bone and move with the protrusion of tongue. What is the most likely congential anomaly in this case?
A. Brachial Sinus
B. Brachial Fistula
C. Thyroglossal cyst
D. Thyroidal agenesis
ANS: C

6. An 80-year old unconscious male is brought to the emergency room with a history of road traffic accidents. He is a known diabetic. He has signs of head injury and left thigh is swollen and deformed. His pulse is 130/minute, blood pressure is 70/40 mmHg and respiratory rate is 20 breaths/ minute. What is the best approach for starting treatment?
A. Check and correct blood sugar level
B. Send for CT scan brain
C. Send for X-rays including left thigh
D. Treat hypovolemia to prevent shock
ANS: D

7. A 30 years old male presented with silvery scales on elbow and knee that bleed on removal. She also complaints of knee pain. The probable diagnosis is:
A. Pityriasis
B. Rheumatoid Arthritis
C. Psoriatic Arthritis
ANS: C

8. At what stage of pregnancy is an ultrasound primarily utilized to detect potential fetal abnormalities during prenatal visits?
A. 12-14 weeks
B. 30 weeks
C. 16 weeks
D. 18-22 weeks
ANS: D

9. A 22-year old male presents following a motor vehicle accident. He localizes pain, opens his eyes only to pain, and uses inappropriate words. What is his GCS?
A. 7
B. 8
C. 9
D. 10
ANS: D

10. Ina 59-year old woman with chronic back pain, X-rays of the spine are normal, but bone scans indicate multiple lesions consistent with metastatic disease. What is the most likely origin of the primary cancer?

A. Lungs
B. Cervix
C. Ovary
D. Breast
ANS: D

11. A 4-year old boy with dark Coca-Cola colored urine, who saw a doctor 10 days ago for a sore throat. What is the most likely diagnosis?

A. Alport's syndrome
B. Goodpasture's Syndrome
C. Henocfc-Schoniein Purpura
D. Post-streptococcal glomerulonephritis
ANS: D

12. What is the next step in investigating / tumor marker in a 49-year old female who has developed chronic liver disease due to a Hepatitis B infection, recently felt unwell, a 3cm space-occupying lesion is found in the right lobe of the liver, and noticed an increase in her Hb level, and who presents with a tender liver?

A. ALP
B. SGPT
C. Fetoprotein
D. Hepatitis B PCR
ANS: A

13. What is the first-line treatment for a patient experiencing anaphylactic shock?

A. Atropine
B. Adrenaline
C. Hydrocortisone
D. Chlorpheniramine
ANS: B

14. A 2-year old child is brough to the emergency department with a 1-hour history of noisy breathing and foul smelling discharge from nose following mild coryza, and a children's picnic. He appears well but has a raised respiratory rate and 91% oxygen saturation. What is the most likely diagnosis?

A. Anaphylaxis
B. Croup
C. Foreign body aspiration
D. Epiglottitis
ANS: C

15. Lower limb amputation is followed by complications with crepitaitons. The reason is:

A. Gas gangrene
B. Secondary hemorrhage
C. Pseudomonas infection
D. Chlamydia Infection
ANS: A

16. A 28 yr old camotose man presented to the emergency room with pinpoint pupil, depressed respiration and no sign of physical trauma. Laboratory results are awaited. He was given intravenous glucose but no response. Which of the following is the most appropriate drug to administer next.

A. Atropine
B. Physostigmine
C. Naloxone
D. Diazepam
ANS: C

17. Immunoglobulin which takes part in hypersensitivity reaction. I.e. anaphylactic shock

A. IgG
B. IgE
C. IgA
D. IgM
ANS: B

18. The diet of a child suffering from Maple syrup urine disease (an amino acid disorder), should be low, in which out of the following amino acids content:

A. Branched chain amino acids
B. Phenylalanine Alanine
C. Methionine
D. Tryptophan
ANS: A

19. A patient of pulmonary tuberculosis was put on ATT. He was given Rifampicin, INH, Ethambutol and Pyrazinamide. He should be advised to have a supplement for the deficiency of:

A. Niacin
B. Pyridoxine
C. Riboflavin
D. Thiamine
ANS:B

20. Which of the following organism is responsible of causing infective endocarditis after skin infection?

A. S. aureus
B. Strep. Viridians
C. Haemophilus
D. Kingella
ANS: A

21. A young male pt was admitted in the hospital and was diagnosed as acute pancreatitis. Conservative treatment was started. On 10th day he is having epigastric mass which his pulsatile. Most likely will be:

A. Pancreatic abscess
B. Pseudopancreatic cyst
C. Abdominal Aneurysm
D. Cholecystitis
ANS: C

22. 50 y.o K/C DM came with progressive ascites, fever and weight loss for 3 months, SAAG < 1.1. Whats is the cause?

A. Restrictive cardiomyopathy
B. Liver Chirrosis
C. Peritonial Tuberculosis
D. Veno-oclussive
ANS: C

23. Which of the following is a contraindication for CT Scan:

A. Early Pregnancy
B. Anemia
C. Metal Foreign Body
D. Pacemaker
ANS: A

24. Which of the following is investigation of choice for intestinal perforation?

A. X-Ray
B. MRI
C. CT Scan
D. Barium Anemia
ANS: A

25. At 10 weeks of gestation, A young Pt reported blue-greenish, malodorous vaginal discharge. On microscopy, a motile pear shaped organism was identified. Dx?

A. Candida albicans
B. Neisseria gonorrhea
C. Trichomonas
D. Giardia
ANS: D

26. Green discharge from the site of the infected wound blood test showed gram-negative rod none lactose fermenting organism which organism is the culprit for infection?

A. Pseudomonas
B. Staph Aureus
C. Actinomycetes
D. Strep topciu Ami
ANS: A

27. What are the side effects of insulin?

A. Hypoglycemia
B. Hyperglycemic
C. Hypercalcemia
D. Hyperkalemia
ANS: A

28. You are the house officer on call in ophthalmology department and a patient comes to you with some unknown chemical (Elfy, glue or any acidic/ basic chemical) splashed in eye. There is diffuse conjunctival perfusion and pain. What is your initial management?

A. Copious irrigation of eye with normal saline
B. Wash with IL sodium bicarbonate
C. Slip lamp examination with fluorescein dye
D. Patch eye after instilling with steroid eye drops
ANS: A

**29. Which type of anaemia is present in chronic renal failure?**

A. Erythropoietin deficiency
B. Iron deficiency
C. IF deficiency
D. None
ANS: A

**30. A 6yo child presented with drooling of saliva and severe stridor. He is febrile and sick looking. XR neck in extensions shows a thumb sign. Choose the single most likely dx.**

A. Croup
B. URTI
C. Diphtheria
D. Acute epiglottitis
ANS: D

**31. A 31 year old woman who has a normal delivery 4 weeks ago is complaining for-feeling tired. A full blood count was taken and results show: -Hb 9.3 g/dL-MCV 79 fL. What is the SINGLE most appropriate management? A 31-year old woman, 4 weeks postpartum from a normal delivery, reports fatigue. Blood tests reveal an Hb level of 9.3 g/Dl AND AN mcv of 79 Fl. What is the BEST course of management?**

A. Folate Supplement
B. Ferrous Sulphate
C. Iron dextran
D. Iron infusion
ANS: B

**32. Patient presented with RTA severe bleeding occur whose blood group is B-ve No cross match available immediately which blood group can be given?**

A. A+
B. B+
C. AB+
D. O-
ANS: D

**33. Gingival hyperplasia with anticonvulsant drug?**

A. CBZ
B. Diazepam
C. Phenytoin
D. Valprote
ANS: C

**34. If a patient takes an antibiotic and has a reaction, what is the correct treatment?**

A. Steroid + antihistamine
B. Steroids + Paracetamol
C. Both A and B
D. None
ANS: A

**35. When in relation to pregnancy does progesterone increase?**

A. 7 days
B. 14
C. 21
D. None
ANS: C

**36. What is the compression rate for neonate resuscitation?**

A. 3:1
B. 2:1
C. 6:1
D: 9:1
ANS: A

**37. A baby presents with features like a small chin, flat nasal bridge, single palmar crease, mental retardation, hypotonia, hypermobility, protruding tongue, umbilical hernia, upward saint of lateral epicanthus, Brushfield spots in the iris, and hyperthyroidism. What is the most likely trisomy of which chromosome?**

A. Trisomy 21
B. Trisomy 22
C. Trisomy 13
D. Fragile X Syndrome
ANS: A

**38. A 35 year old man has been having repeated episodes of palpitation associated with vertigo. He has presented to the ER with a heart rate of 180/ min, regular, BP 70/50, and his ECG shows SVT with occasional PVC's. Lab shows serum K+3. 2meq/I, other electrolytes were normal. What is the most suitable treatment?**

A. Amiodarone
B. DC Cardioversion
C. Disopyramide
D. Procainamdie
ANS: B

**39.** A 72-year old woman came in an OPD with fatigue, lethargy, and palpitations for 2 months. On examination, she is anemic. Investigations shows Hb 6.8 g/dl (11.5-16.5) MCV 102 fl (88-96) WCC 4.5X109 [(4-11)x 109)] platelets 162x109 [(150-100)x109]. Which one of the following is the most likely cause of anemia?

A. Bone marrow suppression
B. Iron deficiency
C. Thalassemia
D. Vitamin B12 deficiency
ANS: D

**40.** Blunt trauma the chest caused Hypotension, distended engorged neck veins, raised CVP, pulsus paradoxus and distant muffled heart sounds. What is the likely pathology?

A. Hemothorax
B. Cardiac tamponade
C. MI
D. CHF
ANS: B

**41.** A 34-year female presented to you with urinary frequency and urgency, she complains of fever with mild chills since the last 2 days and itching as well upon asking she said that she feels pain while micturition and urine smells unpleasant as well. You suspected UTI, what is a typical organism causing the disease?

A. Streptococcus
B. Escherichia coli
C. Staphylococcus
D. Proteus Mirabilis
ANS: B

**42.** A 43-year old female presents with pain in the abdomen for 12 hours, associated with nausea and vomiting. On examination, she is febrile. There is tenderness in the right upper quadrant of the abdomen. Which investigation will you suggest?

A. Barium meal
B. CT scan abdomen
C. Ultrasound abdomen
D. Upper G. I Endoscopy
ANS: C

**43.** A 28 year male presents in an emergency after a road traffic accident. On neurological examination, he opens his eyes and withdraws his extremities in response to painful stimuli, and makes incomprehensible sounds. The Glassgow coma score (GCS) is:

A. 05
B. 07
C. 09
D. 11
ANS: C

**44.** A 79-year old male is brought to the emergency with the complaint of pain in the lower abdomen and inability to pass urine for 12 hours. On examination, he has a tender mass in the lower abdomen. What is the most likely diagnosis?

A. Benign prostatic hyperplasia
B. Carcinoma of the urinary bladder
C. Sigmoid volvulus
D. Stone in the urinary bladder
ANS: A

**45.** A young boy presented in ENT OPD with complains of foul smelling, blood stained discharge from (R)nostril since last 6 weeks. Most probable diagnosis is:

A. Acute purulent Rhinitis
B. Acute rhino sinusitis
C. Antrochoanal poly
D. Foreign body (R)nostril
ANS: D

**46.** Substantia gelatinosa is related to:

A. Temperature
B. Pressure
C. Pain
D. A and B
ANS:

47. A 50 year old female presents with a round swelling in the epigastrium for one year. The swelling has increased in size over last one month and has become painful. On examination, the swelling is 6X6 cm in size in the midline between the xiphisternum and umbilicus. It is tender and partially reduceable. It becomes more prominent when the patient raises her head and shoulders while lying supine. What is the most likely diagnosis?

A. Abdominal wall lipoma
B. Epigastric hernia
C. Paraumbilical hernia
D. Tumor of the stomach
ANS: B

48. A 40-year old male with a strong family history of colorectal cancer presents to the surgical OPD with a history of altered bowel habits and progressive weight loss for the last 6 months. What is the most suitable investigation?

A. Colonoscopy
B. CT Scan abdomen
C. Stool lfor occult blood
D. Ultrasound abdomen
ANS: A

49. In post operative room after thyroid surgery, patient developed sudden neck swelling with respiratory distress, dressing was removed and it was found to be slightly blood stained and wound was bulging. What will be the first thing to be done?

A. Tracheostomy
B. Cricothyroidectomy
C. Pass ETT
D. Stitches open immediately
ANS: D

50. True about central DI:

A. Inc. ADH
B. Dec.ADH
C. Inc. Aldosterone
D. Decreased serum Osmolarity
ANS: B

51. A patient presented with overdose symptoms of IV warfarin after myocardial infarction which of the following drugs could be given to reverse its symptom?

A. Vit K
B. Vit A
C. Vit B
D. Vit E
ANS: A

52. Pregnant lady suddenly develops swelling over ankle/leg/calf. Most likely at risk of developing.

A. Respiratory disease
B. Carcinoma
C. DVT
D. Aortic aneurysm
ANS: C

53. A 38-year old male is brought to the emergency room with a history of rad traffic accidents. He is hypoxic and looks cyanosed with the pulse of 120/minute, blood pressure of 100/70 mmHg, and respiratory rate of 11 breaths/ minute. On examination, the trachea is shifted towards the left side. There are multiple rib fractures on the right side, with reduced breath sounds and hyper resonant percussion note. His condition seems to deteriorate progressively. What is the most likely diagnosis?

A. Flail chest
B. Hemothorax
C. Open Pneumothorax
D. Tension pneumothorax
ANS: D

54. Child with proteinuria more thar 3.5 hypertension, feet edema lipiduria most likely cause.

A. Minimal change disease
B. FSGS
C. Nephrotic syndrome
D. All
ANS: C

**55. A patient after accident talks excessively but talk senseless, irrelevant and purpose less. Patient face difficulty in comprehension and intellectual brain function. Which area damaged?**

A. Broca's area
B. Wernicke's Area
C. Motor sensory
D. Cerebellum
ANS: B

**56. Tuberculin test is performed. Which type of hypersensitivity reaction is:**

A. Type I
B. Type II
C. Type III
D. Type IV
ANS: D

**57. A 55-year old male presents with longstanding gastric reflux, dysphagia and chest pain. He says it comes on gradually and initially only noticed it with solid food but more recently has been having symptoms with soft foods also. Barium-swallow shows irregular narrowing of the mid-throacic oesophagus with proximal-shouldering. What is the SINGLE most appropriate diagnosis?**

A. Achalasia
B. Oesophageal spasm
C. Barrett's oesophagus
D. Oesophageal carcinoma
ANS: D

**58. You see a 47-year old man in clinic with a three month history of epigastric dull abdominal pain. He states that the pain is worse in the mornings and is relieved after meals. On direct questioning, there is no history of weight loss and the patient's bowel habits are normal. On examination, his abdomen is soft and experiences moderate discomfort on palpation of the epigastric region. The most likely diagnosis is:**

A. Gastric ulcer
B. GERD
C. Duodenal Ulcer
D. Gastric carcinoma
ANS: C

**59. After a road traffic accident the patient got his fibular neck fracture, presented with foot drop and now unable to dorsiflex and evert foot. Damage occurred to:**

A. Superficial peroneal nerve
B. Deep peroneal nerve
C. Common peroneal
D. Sural nerve
ANS: C

**60. What are the drugs used in the triple treatment of Helicobacter pylori:**

A. Clarithromycin and amoxicillin or an imidazole
B. PPI, Antacid, erythro
C. Tripple dose of ppi
D. None
ANS: A

**61. A young man reported an injury to the perineum during an automobile accident. His penile urethra is ruptured. The most likely region to have extravasated urine would be:**

A. Anal triangle
B. Deep perineal pouch
C. Ischio-rectal fossa
D. Scrotum
ANS: D

**62. A 30-year old female comes to the surgical outpatient department with complaints of painless swelling on her right forearm for the last 6 months. On examination, swelling is mobile, and a slip sign is present. What is the most likely diagnosis?**

A. Lipoma
B. Abscess
C. Neurofibroma
D. Sebaceous cyst
ANS: A

**63. A 28 yo drug user presents to the ED with collapse and anuria. His serum K+ = 6.6 mmo/L. CXR-early pulmonary edema. His ECG shows tall tented T waves and wide QRS complex. What is the next best step? What is the next appropriate management?**

A. Urgent hemodialysis
B. IV calcium gluconate + insulin + dextrose
C. IV insulin + dextrose
D. Furosemide
ANS: B

**64.** **A 40-year old male complains of epigastric pain for one week and black colored stool for three days. He had a knee injury three months back and was taking analgesics continuously. Which investigation is best for diagnosis?**

A. Barium meal follow-through
B. CT scan abdomen
C. Upper G.I. endoscopy
D. Ultrasound abdomen
**ANS: C**

**65.** **A 54 year old smoker presents with a history of chronic cough for 3 years. His FEV1 and FVS on spirometry are reduced and the ratio of FEVI/FVS is 65%. There is no reversibility after inhaling the bronchodilator. Which of the following is the most likely diagnosis?**

A. Bronchial asthma
B. Chronic bronchitis
C. Acute bronchitis
D. Interstital lung disease
**ANS: B**

**66.** **Injection intragluteal is given in outer quadrant to avoid damage to:**

A. The posterior Cutaneous nerve of thigh
B. Superior gluteal nerve
C. Inferior gluteal nerve
D. Sciatic nerve
**ANS: D**

**67.** **A 1.5 year old girl presents with short stature. She had complaint of abdominal distension and loose bulky stools since weaning started. On examination, weight and height both are low for her age. She is pallor too, Consultant recommended for duedonal biopsy. From which disease baby is suffering?**

A. Celiac Disease
B. Crohns disease
C. Tropical sprue
D. Autoimmune enteropathy
**ANS: A**

**68.** **A 28-year old pregnant woman is admitted in Gynaecology and obstetrics department. She is in her 8th month and her blood pressure is 150/90 mm/Hg. Which category 'A' drug is safe to treat her blood pressure?**

A. Amlodipine
B. Captopril
C. Enalapril
D. Labetalol
**ANS: D**

**69.** **A patient with acute renal failure shows changes of widened QRS complexes on ECG. His serum potassium is 6.2 meq/L (hyperkalemia) and his bicarbonate level is 20 meq. Emergency management of hyperkalemia will be:**

A. Hemodialysis
B. I/V calcium gluconate
C. I/V frusemide
D. I/V sodium bicarbonate
**ANS: B**

**70.** **Majority patients with type 2 diabetes are overweight or obese. Which of the following would be most appropriate in the diabetes management with potential of causing weight loss?**

A. Gliclazide
B. Liraglutide
C. Metformin
D. Rosightazone
**ANS: C**

**71.** **Most appropriate management for duodenal ulcer?**

A. PPI
B. H. Pylori Eradication
C. Antacids
D. None
**ANS: B**

**72.** **A 40-year old female presents with pain in the abdomen for 12 horus, associated with nausea and vomiting. On examination, she is febrile. There is tenderness in the right upper quadratnt of the abdomen.**

A. Cholecystitis
B. Gastritis
C. Hepatitis
D. Pancreatitis
**ANS: A**

73. A 73 year old woman presents to the clinic having expressionless face, she takes many steps to turn, experiences resting tremors predominantly in right hand and cogwheel rigidity also faces slower thinking and information processing issue due t sligh disturbed congnition. What is single mostly diagnosis?
A. Malignancy
B. Normal pressure hydrocephalus
C. Parkinson's disease
D. Progressive supranuclear palsy
ANS: C

74. Most sensitive and specific for acute pancreatitis amongst the following is:
A. S. amylase
B. S. Alanine Transaminase
C. S. Lipase
D. C-reactive protein
ANS: C

75. A 29-year old female presented in OPD with fever, body aches, diarrhea and cough for 3 days, loss of smell and taste for 2 days, difficulty in breathing for 1 days. Which of the following is the most appropriate diagnostic investigation?
A. Blood culture
B. Complete blood picture
C. PCR for Covid-19
D. Throat swab culture
ANS: C

76. When a person is in the fasting state, his /her:
A. Gluconeogenesis is inhibited
B. Basal metabolic rate (BMR) decreases
C. Glucose is the only fuel used by the brain
D. Liver glycogen levels are increased
ANS: C

77. A 17-year old girl complains of bilateral nasal obstruction, epistaxis, and cough off and on. On examination, the nasal cavity is roomy with yellowish-green crusts. What is the likely diagnosis?
A. Allergic rhinitis
B. Rhinolith
C. Atrophic rhinitis
D. Rhinosinusitis
ANS: C

78. A surgical ward from A and E fror management of acute cholecystitis, observation shows sudden drop in blood pressure to 90/40 mmHg with accompanying tachycardia. On examination there is marked erythema around the intravenous cannula on the dorsum of the left hand. What is the most likely type of shock in this patient?
A. Neurogenic shock
B. Septic shock
C. Cardiogenic shock
D. Anaphylactic Shock
ANS: B

79. What is the likely cause of non-tender, soft, compressible and brilliantly illuminated swelling around the neck in a 5-year old child with Down syndrome?
A. Lipoma
B. Hemangioma
C. Cystic Hygroma
D. Meningioma
ANS: C

80. A mother bring her child to the clinic, reporting episodes where the child stares blankly at objects for a few seconds, seemingly unresponsive. These episodes occur multiple times a day without any post-episode confusion. What is the most suitable drug for this child?
A. Valproic acid
B. Phenytoin
C. Carbamazepine
D. Oxcarbazepine
ANS: A

81. Small child per rectal occasional bleed mother says something comes out during defecation. There is no associated complaints of pain. What can be the possible surgical pathology in this age group?
A. Rectal prolapse
B. Rectal Polyp
C. Hemorrhoids
D. Anal Fissure
ANS: B

**82.** **A female presented to the clinic with non-tender lump in the right breast her mother was diagnosed with cancer, Biopsy was taken shows atypical duct hyperplasia. No lymphnode involvement seen. Tx?**

A. Chemoprevention
B. Simple mastectomy
C. Follow up in 6 months
D. Wide local excision
ANS: D

**83.** **Blood transfusion will increase what?**

A. End systolic volume
B. Venous resistance
C. Systemic filling pressure
D. Systemic filling pressure
ANS: C

**84.** **A 30-year old woman presents at the surgical outpatient department, reporting a painless swelling in her right forearm that has been present for the past 6 months. On examination, the swelling is mobile, soft, tabulated, encapsulated, and a slip sign is present. What is the likely diagnosis?**

A. Abscess
B. Lipoma
C. A & B both
D. None
ANS: B

**85.** **A 25-year old girl with a road traffic accident presents in an emergency with excessive blood loss and multiple fractures. Her blood group is not known. While investigations are awaited, which of the following blood groups can be transfused?**

A. A+
B. B+
C. AB+
D. O-
ANS: D

**86.** **Most characteristic features of sebaceous cyst:**

A. Punctum
B. Swelling
C. Pain
D. Discharge
ANS: A

**87.** **A diabetic patient came to the office for planning of conception. HBA1C is 9.1. What is the advice?**

A. Strict diabetes control
B. Normalize HBA1C first
C. Don't conceive
D. Insulin and conceive
ANS: B

**88.** **Common cause of acute hepatitis in children:**

A. Hep A
B. Hep B
C. Hep C
D. Hep D
ANS: A

**89.** **A 64 year old Asian man was diagnosed with hyperlipidemia. With medications and dietary changes like replacement of saturated fats with polyunsaturated fatty acids, he succeeded in lowering his level of serum lipids. His diet contains which of the following polyunsaturated fatty acid?**

A. Linolenic acid
B. Oleic acid
C. Palmitic acid
D. Vaccenic Acid
ANS: A

**90.** **A 40-year old female has been diagnosed with cirrhosis of the liver secondary to hepatitis C. Which of the following is a poor prognostic indicator in this case?**

A. Prolonged APTT
B. Prolonged PT
C. Hypoglycemia
D. Anemia
ANS: C

**91.** **A patient presented with a burn involving head, neck, chest front, and abdominal front. What is the % of surface area?**

A. 30
B. 32
C. 27
D. 25
ANS: C

92. A 28-years old G3P2+0 comes for booking at 24 weeks of gestation. Her first child was born 2 years ago while 2nd child 1 year ago. CBC shows HB 8gm/dl HCT 28 percent MCV 75 MCH 20 MCHC 21. What is treatment of choice for her?

A. Blood Transfusion
B. Iron sucrose
C. Dietary Advice
D. Ferrous Sulfate
ANS: B

93. A rhesus negative primigravida has delivered a baby 2 hours ago. Her husband and the baby is rhesus positive. When should she ideally receive anti D gamma globulin in order to prevent rhesus sensitization?

A. Within 24 hours
B. Within 96 hours
C. Within 72 hours
D. Within 48 hours
ANS: C

94. According to the Parkland formula, when giving fluid to a burn patient, which parameter should be measured during fluid intake?

A. Heart rate
B. Blood pressure
C. Urine Output
D. None
ANS: C

95. In an RTA patient, which of the following shows dehydration?

A. Bradycardia
B. Hypotension
C. Urine Output
D. All
ANS:

96. A patient has a tidal volume of 450 ml and a respiratory rate of 12. What will be the V/Q ratio in this patient?

A. 4200
B. 1800
C. 3600
D. 2600
ANS: C

97. Blood transfusion after 4 hours fever with chills n rigors normal respi normal BP everything was normal:

A. Delayed reaction
B. Immediate reaction
C. Febrile reaction
D. None
ANS:

98. One unit of fresh blood raises the HB% concentration by:

A. 0.1%
B. 1.9%
C. 2.9%
D. 2.2%
ANS: C

99. A 70 year old man is admitted with pallor and light-headedness. A day prior to admission, he had two episodes of loose, blackish stools. On examination, BP is 90/60 mmHg, and pulse is 110 bpm. On investigations, Hb is 6.0 g/dl, and platelets count is 480x109/L. What is the most appropriate next step in management?

A. Barium Meal
B. Blood transfusion
C. CT Scan abdomen
D. Parenteral iron infusion
ANS: B

100. An 18-month old child presented to the ER with a history of watery diarrhea for 5 days and drowsiness since morning. His oral intake is reduced. On examination, the child is lethargic, and pulses are poor. What is the initial step in the management of this child according to IMCI (integrated Management of Childhood Illnesses)?

A. Normal saline bolus 20 ml/kg IV in 30 min
B. ORS by mouth
C. Rehydration by N/G tube
D. 5% dextrose 20 ml/kg IV in 30 min
ANS: A

101. A 54-year old smoker presents with dyspnea and history of productive chronic cough for 3 years. Examination reveals cyanosis with distended neck veins. His FEV1 and FVC on spirometry are reduced and the ratio of FEV1/FVC is 65%. There is no reversibility after inhaling the bronchondilator. Which of the following is the most likely diagnosis?

A. Bronchial asthma
B. Chronic bronchitis
C. Acute bronchitis
D. Interstitial lung disease
ANS: B

02. A 26-year old boy is a diagnosed case of thalassemia major. He received multiple blood transfusions throughout his life. He now presented with leg edema and exertional dyspnea. Which of the following could be responsible for his present condition?

A. Chronic renal failure
B. Dilated cardiomyopathy
C. Liver cirrhosis
D. Pulmonary hypertension
ANS: B

03. A young boy presented in ENT OPD with complain of foul smelling, blood stained discharge from (R) nostril since last 6 weeks. Most probable diagnosis is:

. Acute purulent Rhinitis
. Acute rhino sinusitis
. Antrochoanal polyp
. Foreign body (R) nostril
NS: D

04. Patient with oral and genital ulcer and arthritis, also having mobile hypopyon. What is the diagnosis?

. Bechets disease
. Stevens-Johnson Syndrome
. Sarcoidosis
. Herpes simplex virus infection
NS: A

105. RTA patient presented to ER. He got his back injured badly. He has sustained many injuries with paralysis of lower limb, urinary incontinence, blood pressure is 110/90. What type of shock it is?

A. Hypovolemic shock
B. Neurogenic shock
C. Cardiogenic shock
D. Septic shock
ANS: B

106. In the record of informed consent, whose signatures and thumb impression are crucial when dealing with a minor?

A. Father
B. Mother
C. Guardian
D. Care giver
ANS: A

107. A 6-year old boy presents with red eyes and purulent discharge. He had a history of otitis media treated a week ago but now complains of eye discomfort. On examination, there is conjunctival injection, matting of eyelashes, and no preauricular lymphadenopathy. What is the most likely type of conjunctivitis?

A. Viral conjunctivitis
B. Bacterial conjunctivitis
C. Allergic conjunctivitis
D. Chlamydial conjunctivitis
ANS: B

108. A 28-year old man arrives at a quarantine facility after travelling from Brazil, a region known for diseases such as yellow fever and dengue. Health officials need to determine the appropriate quarantine period to monitor for potential symptoms. Based on international guidelines, how many days should the man be quarantined?

A. 4 days
B. 8 Days
C. 20 days
D. 30 Days
ANS: B

109. A 16-year old girl is brought to the emergency department unconscious. Beside her, there is an open bottle eof "naphthalene balls", commonly used as clothing moth repellents. Earlier in the day, she complained of nausea, vomiting, and abdominal pain. On examination, she has pallor and signs of CNS depression. What is the most likely cause of her condition?

A. Organophosphate poisoning
B. Benzodiazepine overdose
C. Naphthalene poisoning
D. Methanol poisoning
ANS: C

110. During the examination and procedure of a female patient, whose presence is mandatory to ensure proper protocol and patient comfort?

A. Only the examining doctor
B. A female assistant
C. A direct consultant only
D. No one else is required
ANS: B

111. A 25-year old female consulted her physician about the swelling in the anterior part of her neck. On examination the swelling is just below the hyoid bone and move with the protrusion of tongue and swallowing. What is the most likely congenital anomaly in this case?

A. Brachial sinus
B. Brachial fistula
C. Thyroglossal cyst
D. Thyroidal agenesis
ANS: C

112. A 9 year old boy is brought in by his parents with bilateral periorbital oedema, ankle swelling and an increase in body weight proteinuria present. What is the SINGLE most likely diagnosis?

A. Chronic heart failure
B. Nephrotic syndrome
C. Acute heart failure
D. IgA glomerulonephritis
ANS: B

113. A 35-year old patient presents with confusion and deep, rapid breathing. Laboratory results show a high anion gap metabolic acidosis. Which of the following is the most likely cause?

A. Diabetic ketoacidosis (DKA)
B. Renal tubular acidosis
C. Diarrhea
D. Asthma
ANS: A

114. A 17-year old girl complains of bilateral nasal obstruction, epistaxis, and cough off & on. On examination, the nasal cavity is roomy with foul smelling yellowish-green crusts. What is the likely diagnosis?

A. Allergivc rhintitis
B. Rhinolith
C. Atrophic rhinitis
D. Rhinosinusitis
ANS: C

115. After a road traffic accident the patient got his head of fibular neck fractured, presented with foot drop and now unable to dorsiflex and evert foot. On examination loss of dorsal sensation of Left foot with loss of dorsiflexion and loss of eversion at talotarsal joint. Damage occurred to:

A. Superficial peroneal nerve
B. Deep peroneal nerve
C. Common peroneal nerve
D. Sural nerve
ANS: C

116. 50 y/o Patient present with complain of Hesitancy and poor stream for 3 months. Patient was treated for Gonococcal infection some time ago. Diagnosis?

A. BPH
B. Strictures
C. Urethral stone
D. None
ANS: B

117. A 35-year old female patient presents with pulsatile mass in abdomen. Other Examination was normal. What is most lethal risk complication?
A. Thromboembolism
B. Acute Rupture
C. Hematemesis
D. None
ANS: B

118. Hemodynamic response in Septic shock:
A. Vasodilation
B. Vasoconstriction
C. Increase cardiac Contractility
D. ALL
ANS: A

119. Non fluent expressive aphasia, lobe damaged
A. Frontal Lobe
B. Temporal lobe
C. Parietal lobe
D. None
ANS: A

120. A 22 year old female presents with a history of fits, describing focal seizures associated with impairment of consciousness. What is the most suitable first-line treatment?
A. Phenytoin
B. Sodium Valproate
C. Gabapentin
D. Carbamazepine
ANS: D

121. Maximum progesterone is measure on which day of the menstrual cycle to detect ovulation?
A. 21st day
B. 14th day
C. 30th day
D. 35th day
ANS: A

122. Complication of kerosene oil:
A. Bronchopneumonia
B. Encephalopathy
C. Hepatic failure
D. None
ANS: A

123. Which of the following is characteristic of polycystic ovary disease?
A. FSH Dec LH inc
B. LH dec FSH inc
C. LH dec FSH dec
D. FSH dec LH remain same
ANS: A

124. A 40 year old female presents with pain in the abdomen for 12 hours, pain radiates to tip of right shoulder, associated with nausea and vomiting. On examination, she is febrile. There is tenderness in the right upper quadrant of the abdomen. What is the most likely diagnosis?
A. Acute cholecystitis
B. Gastritis
C. Hepatitis
D. Pancreatitis
ANS: A

125. True about central DI:
A. Inc. ADH
B. Dec. ADH
C. Inc. Aldosterone
D. Decreased serum Osmolarity
ANS: B

126. A 6yo child present with drooling of saliva sand severe stridor. He is febrile and sick looking. XR Neck in extension shows a thumb sign. Choose the single most likely dx.
A. Croup
B. URTI
C. Diphtheria
D. Acute Epiglottitis
ANS: D

127. Patient with a history of PUD presents with a distended abdomen. Absolute constipation. On X-ray, free air under diaphragm. Treatment:
A. Resuscitation and analgesic only
B. I/V fluids only
C. Exploratory laparotomy
D. Antibiotics Only
ANS: C

**128. Which of the following has mechanism of action in preventing gastric secretion is inhibition of H+/K+ATPase:**

A. Ranitidine
B. Histamine
C. Mg(OH)2
D. Omeprazole
ANS: D

**129. A patient present with overdose symptom of IV warfarin after myocardial infarction which of the following drugs could be given to reverse its symptom?**

A. Vit K
B. Vit A
C. Vit B
D. Vit E
ANS: A

**130. Pregnant lady due to prolong rest suddenly develops swelling over ankle/leg/calf. Most likely at risk of developing:**

A. Respiratory disease
B. Carcinoma
C. DVT
D. Aortic aneurysm
ANS: C

**131. Calculate the median in following data 20,24.25,30,35**

A. 30
B. 27.5
C. 25
D. 32
ANS: C

**132. PT with previous colectomy, now with CLD and intrahepatic duct with onion fibrosis, suggestive of Primary Sclerosing Cholangitis. Most commonly associated with?**

A. Choledocholithasia
B. Ulcerative colitis
C. Crohn
D. Amoebic colitis
ANS: B

**133. Most appropriate management for duodenal ulcer?**

A. PPI
B. H. pylori Eradication
C. Antacids
D. None
ANS: B

**134. Parietal cell release which of following?**

A. Intrinsic factor and HCI
B. Intrinsic factor and pepsinogen
C. Only Intrinsic Factor
D. Only HCL
ANS: A

**135. A 30-year old woman visits your clinic with a 2-month history of pain in both her hands. Which characteristic symptom in her clinical history would you be most likely to see that would reflect an inflammatory arthritis such rheumatoid arthritis:**

A. Inability to knit because of pain in her fingers
B. Feels tired and unwell
C. Swelling of the finger joints
D. Marked stiffness for more than an hour in the morning
ANS: D

**136. A 72 year old woman came in an OPD with fatigue, lethargy, and palpitations for 2 months. On examination, she is anemic. Investigations shows Hb 6.8g/dl, MCV 102 fl, WCC 4.5X10^9, platelets 162X10^9, which one of the following is the most likely cause of anemia?**

A. Bone marrow suppression
B. Iron deficiency
C. Thalassemia
D. Vitamin B12 Deficiency
ANS: D

**137. A 35 year old male patient presented with lower abdominal swelling that increases in size of coughing. Which of the following tests is preferabl used when diagnosis of inguinal hernia is in doubt?**

A. Ultrasound
B. CT scan
C. MRI
D. Laparoscopy
ANS: A

138. A 25-year old G2P1 pregnant woman presents with severe persistent vomiting and weight loss. What hormone is most likely responsible for her condition?

A. Beta HCG
B. Progesterone
C. Estrogen
D. Prolactin
ANS: A

139. A 25-year old G2P1 pregnant woman presents with severe persistent womiting, fever, sore throat, difficulty swallowing, and a grayish-white membrane covering the tonsils and posterior pharynx. Throat culture confirms diphtheria. What is the next best step in management?

A. Antibiotics
B. Diphtheria antitoxin
C. Surgical treatment
D. Tracheostomy
ANS: B

140. A 30-year old patient presents with acute urinary retention. Attempts to pass a urinary catheter have failed. What is the next best step in management?

A. Suprapubic catheter
B. Needle decompression
C. Cystoscopy
D. None
ANS: A

141. A 5-year old child presents with a limping gait, seizures, abnormal muscle tone, hyperreflexia, and weakness in both lower limbs. On examination spasticity is noted in the lower limbs. The child is diagnosed with cerebral palsy. Which type of motor involvement is most likely to be present in the child?

A. Monoplegia
B. Diplegia
C. Hemiplegia
D. Quadriplegia
ANS: C

142. Which of the following is the most common complication following an appendectomy?

A. Wound infection
B. Wound abscess
C. Pelvic abscess
D. Adhension
ANS: A

143. A 30-year old patient presents with a circumferential burn on the arm. Examination reveals weak pulses distal to the burn, indicating compromised circulation. What is the best management for this condition?

A. Eschrotomy
B. IV fluids
C. Antibiotics
D. Grafting
ANS: A

144. A female patient presents with bleeding from breast. No mass is found on examination and no axillary lymph node are palpable. What is the common cause of bloody discharge from nipple?

A. Fat necrosis
B. Intraductal papilloma
C. Ductal CA
D. Fibrocystic disease
ANS: B

145. Female presents with fever & dysuria. Gram negative motile rod shaped organism found that form lactose fermenting (Pink) colony on MacConkey agar. They are indole positive and oxidase negative. What is the most common cause of UTI in community?

A. Proteus
B. Pseudomonas
C. Ecoli
D. Compylobector
ANS: C

146. A person has history of recurrent lung infection. His chloride sweat test was positive and was also having steatorrhea. Stools reported bulky, foul-smelling, pale, oily, and difficult to flush. Which of the following nutrient deficiency can occur in the patient due to fat malabsorption?

A. Vitamin B6
B. Vitamin B12
C. Vitamin C
D. Vitamin D
ANS: D

147. Which symptoms characterize Horner syndrome?

A. Mydriasis & Proptosis
B. Miosis, Ptosis & anhidrosis
C. Miosis & Proptosis
D. Mydriasis & ptosis
ANS: B

148. In a patient of cavernous thrombophlebitis the cause of infection is nose boil. The rout of spread up to cavernous sinus via:

A. Ophthalmic artery
B. Ophthalmic nerve
C. Maxillary vein
D. Ophthalmic vein
ANS: D

149. A taxi driver comes to the clinic with complaints of runny nose, effused eyes, fever and malaise. He wishes to continue his work while taking treatment for these symptoms. Which on of the following anti histamines would be most suitable for him?

A. Chlorphenamine
B. Fexofenadine
C. Diphenhydramine
D. Meclizine
ANS: B

150. A 59 year old ship building worker, who is also a smoker has been exposed to asbestosis for several years. He presents to has a history of weight loss from 10 year. Which of the following malignancy is most likely to occur in this man?

A. Urothelial carcinoma
B. Gastric Carcinoma
C. Bronchogenic Carcinoma
D. GIT Carcinoma
ANS: C

# NRE 2ND JUNE 2024 PAST PAPER

1. **What immediate step should be taken when a patient present initially with a reducible hernia, but subsequently returns with an irreducible inguinal hernia characterized by swelling and tenderness?**

A. Laparotomy
B. Observe the patient
C. Analgesia
D. IV fluids
ANS: C

2. **What is the Glasgow Coma Scale (GSC) score for a patient who responds to a painful stimulus by opening their eyes and withdrawing their extremity?**

A. 6
B. 4
C. 7
D. 8
ANS: C

3. **Which part of the brain is likely involved if an office worker notices abnormal behavior, strange dressing, and a lack of proper work from their previously normal boss over the past few days?**

A. Frontal
B. Temporal
C. Occipital
D. Parietal
ANS: A

4. **Which one of the following bacteria is a common cause of UTI:**

A. E coli
B. Salmonella
C. Shigella
D. Yersinia
ANS: A

5. **What condition is characterized by the presence of a "rat tail" seen only in the lower end of the esophagus, affecting the swallowing of liquids exclusively?**

A. Achalasia
B. Barrett esophagus
C. Esophageal Ca
D. Stomach Cancer
ANS: A

6. **What are the complications associated with the sue of Kerosene oil?**

A. Bronchopneumonia
B. Encephalitis
C. Liver failure
D. Kidney failure
ANS: A

7. **Which clinical findings are consistent with a patient presenting with complaints of epigastric abdominal pain radiating to the back, a history of pancreatitis, and no jaundice, accompanied by serum amylase levels of 1050 and ALT levels of 200?**

A. CT scan
B. MRCP
C. ERCP
D. Abdominal X-ray
ANS: B

8. **Which of the following is contraindicated for a CT scan?**

A. Artificial Pace maker
B. Early pregnancies
C. Metal stunts
D. Head Injury
ANS: B

9. **Following can be caused if a child drinks goat milk instead of mothers milk?**

A. Iron deficiency anemia
B. B12 deficiency
C. Folate deficiency
D. Vitamin B12 Deficiency
ANS: C

10. **What are the constituents forming the intricate structure of the umbilical cord?**

A. 1 artery 2 veins
B. 2 arteries 1 vein
C. 1 vein lartery
D. 2 artery 2 vein
ANS: B

**11. Which of the following psychological conditions might a daughter develop after her mother's death, experiencing a series of illnesses and perceiving them as normal?**

A. Post-traumatic stress disorder
B. Depression
C. Mood disorder
D. Panic attack
ANS: A

**12. Match the stages of pregnancy with the appropriate timing for an anomaly scan:**

A. 12-15 weeks
B. 16-18 weeks
C. 18-22 weeks
D. 23-28 weeks
ANS: C

**13. A person has been bitten by a snake and is now unconscious with respiratory distress, presenting with an oxygen saturation level of 80%. What is the initial step of management?**

A. Mechanical ventilation
B. IV fluids
C. Anti-venom
D. ARV (Anti retroviral)
ANS: A

**14. Which fluid is preferred for gastric lavage?**

A. Normal Saline (NS)
B. Distilled water
C. Tap water
D. Sterile water
ANS: A

**15. What is the preferred investigation for diagnosing intestinal perforation?**

A. Ultrasound (USG)
B. CT scan
C. X-ray
D. Mesenteric fluid sample
ANS: B

**16. In a female patient, which primary cancer is most likely to metastasize to the spine?**

A. Breast
B. Lung
C. Thyroid
D. Liver
ANS: A

**17. What is the preferred investigation for diagnosing cholelithiasis?**

A. X-ray of the abdomen
B. Ultrasonography (USG)
C. Doppler imaging
D. CT Scan
ANS: B

**18. A patient presents after a road traffic accident (RTA) with a palpable bladder and blood accumulated in the perineal space. What is the likely injury?**

A. Urethral injury
B. Bladder injury
C. Ureter injury
D. Kidney injury
ANS: A

**19. After undergoing thyroidectomy, a patient presents to the ward with signs of respiratory depression and neck swelling. What is the most immediate step to take?**

A. Apply an oxygen mask
B. Immediately reopen stitches
C. Perform a repeat surgery
D. Observe the patient
ANS: B

**20. After a cesarean section, a patient develops headache, hypotension, and bradycardia following spinal anesthesia. What is the appropriate management?**

A. Blood patch
B. IV fluids
C. Analgesia
D. Dantrolene
ANS: B

**21. A boy presents after a road traffic accident with a blood pressure of 100/65 mmHg and a heart rate of 80 beats per minute. The severe blood loss leads to which type of hypotension?**

A. Severe hypotension
B. Compensatory
C. moderate
D. Mild
ANS: A

22. **A 7 year old boy presents with neck swelling that moves upward when the protrudes his tongue. Which condition is most likely?**
A. Thyroglossal cyst
B. Branchial cyst
C. Cystic hygroma
D. Pharyngeal cyst
ANS: A

23. **In which of the following conditions would the neck swelling exhibit a positive trans illumination test?**
A. Fibroma
B. Lipoma
C. sebaceous cyst
D. Cystic fibroma
ANS:

24. **After a head injury, a patient initially presents in an unconscious state but recovers to normal consciousness before subsequently losing consciousness again. Which condition is most likely?**
A. Subdural hematoma
B. Epidural hematoma
C. Raised intracranial pressure (ICP)
D. Scalp hematoma
ANS: B

25. **A 16-year old boy experiences unilateral epistaxis and swelling around the eyes and nose, along with cerebrospinal fluid (CSF. Leakage, following a head injury. Which site is likely injured?**
A. Ethmoidal
B. Lower wing of sphenoid
C. Occipital
D. Cribriform plate
ANS: D

26. **A patient presents at the hospital complaining of acute watery diarrhea with five episodes, drowsiness, and severe dehydration. What is the fluid of choice for management?**
A. 20ml normal saline boluses
B. 20ml dextrose boluses
C. Intravenous Ringer's lactate (RL)
D. Oral rehydration solution (OSR)
ANS: C

27. **A patient presents with bilateral ptosis, muscle weakness and depressed tendon reflexes. Which condition is most likely?**
A. Guillain-Barre Syndrome (GBS)
B. Myasthenia gravis
C. Multiple sclerosis
D. Lambert-Eaton myasthenic syndrome
ANS: B

28. **A 47 year old man presents with fever, abdominal pain, distention and fluid ascites. The serum-ascites albumin gradient (SAAG. Is less than 1.1 g/dL. What is the likely diagnosis?**
A. Liver cirrhosis
B. Nephrotic syndrome
C. Tuberculosis (TB)
D. Right-sided heart failure (RHF)
ANS: B

29. **A 25 year old patient presents with pain in small joints, sparing the distal interphalangeal joints (DIP), and has morning stiffness lasting more than 1 hour. What is the appropriate treatment?**
A. Celecoxib
B. Diclofenac sodium
C. Methotrexate
D. Prednisone
ANS: C

30. **What is the treatment modality for acromegaly?**
A. Pharmacological therapy
B. Surgical intervention
C. Radiation therapy
D. Somatostatin /dopamine analogs
ANS: B

31. **What increases glomerular filtration rate (GFR)?**
A. Oncotic pressure
B. Raised hydrostatic pressure
C. Decreased hydrostatic pressure
D. Bowman's Capsule
ANS: B

32. **Which nerve is associated with the parotid gland?**
A. Nasopharyngeal nerve
B. Facial Nerve
C. Glossopharyngeal nerve
D. Trochlear nerve
ANS: B

33. **Which antimalarial drug can trigger hemolysis in patients with G6PD deficiency?**
A. Primaquine
B. Quinine
C. Artesunate
D. Artemether
ANS: A

34. **Which lobe of the prostate is typically involved in benign prostatic hyperplasia (BPH)?**
A. Lateral
B. Median
C. Anterior
D. Posterior
ANS: B

35. **Which organism is associated with causing iron deficiency anemia?**
A. Ancylostoma duodenale
B. Ascaris lumbricoides
C. Loa Loa
D. Diphyllobothrium latum
ANS: A

36. **A patient using a thiazide diuretic develops pain in the big toe. What is the likely diagnosis?**
A. Pseudogout
B. Gout
C. Osteoarthritis
D. Rheumatoid arthritis
ANS: B

37. **Which drug is classified as a tricyclic antidepressant (TCA)?**
A. Amitriptyline
B. Selegiline
C. Levodopa
D. Barbiturates
ANS: A

38. **After a past tuberculosis (TB) infection, a patient presents with foul-smelling sputum and a productive cough with copious sputum. Chest X-ray reveals dilation and constriction. What is the likely diagnosis?**
A. Bronchiectasis
B. Recurrent TB
C. Pneumonia
D. Acute respiratory distress syndrome (ARDS)
ANS: A

39. **In a footballer with a leg injury involving the psoas muscle, which nerve is involved?**
A. Obturator nerve
B. Iliogastric nerve
C. Genitofemoral nerve
D. Iliohypogastric nerve
ANS: C

40. **A 16-year old adolescent experiences repeated severe nosebleeds and gradually increasing left-sided nasal blockage over the past two months. A CT scan reveals an anterior curvature of the maxillary sinus's posterior wall with noticeable enhancement in the nasopharynx. Which condition is the most probable diagnosis?**
A. Nasopharyngeal carcinoma
B. Hemangioma
C. Inverted papilloma
D. Nasopharyngeal Angiofibroma
ANS: D

41. **What is the drug of choice for irregulary regular rhythm with a heart rate of 180 beats per minute, indicative of narrow complex tachycardia?**
A. Amiodarone
B. Adenosine
C. Bisoprolol
D. Lidocaine
ANS: B

42. **What is the likely diagnosis for a patient presenting with dizziness, chest pain, palpitation, an ECG showing irregularly irregular pulses?**
A. Atrial fibrillation
B. Atrial flutter
C. Pericarditis
D. Heart Block
ANS: A

**43. Which enzyme deficiency can lead to Maple syrup urine disease?**

A. Methionine
B. Phenylalanine
C. Valine
D. Arginine
ANS: C

**44. What is the likely diagnosis for a patient with hypercalcemia, bilateral kidney stones, and polyuria?**

A. Hyperparathyroidism
B. Hyperthyroidism
C. Hypothyroidism
D. Hypoparathyroidism
ANS: A

**45. A 55-old male patient presenting with chest pain radiating to the neck and arm, along with elevated cardiac enzymes. ST elevation on ECG will be seen?**

A. ST elevation convex
B. ST elevation concavel
C. Troponin
D. CK-MB
ANS: A

**46. In a child with three fused fingers, what is the likely diagnosis?**

A. Polydactyly
B. Syndactyly
C. Brachydactyly
D. None
ANS: B

**47. Which condition is likely responsible for a patient presenting with compalints of joint pain in the proximal interphalangeal (PIP. Joints and silvery scale skin?**

A. Psoriatic arthritis
B. Rheumatoid arthritis
C. Ankylosing spondylitis
D. Reiter syndrome
ANS: A

**48. What is the leading cause of immediate death following a mid-femur fracture with severe blood loss?**

A. Hypovolemic shock
B. Fat embolism
C. Thromboembolism
D. Deep vein thrombosis (DVT)
ANS: A

**49. Which nervous system division is likely responsible for a patient with facial nerve damage presenting with inability to open the eye and mouth, accompanied by a hot, red face?**

A. Sympathetic
B. Parasympathetic
C. Visceral
D. Somatic
ANS: B

**50. Most common cause of upper gastro-intestinal bleed in Pakistan.**

A. PUD
B. Esophageal varicose
C. Splenomegaly
D. Stomach Cancer
ANS: A

**51. In a case of an open thigh fracture, what is the surgeon's primary concern?**

A. Neurovascular status
B. Classification of fracture
C. Intravenous fluid administration
D. Pain management
ANS: A

**52. A patient presents with leg swelling and crepitus. What is the likely diagnosis?**

A. Gas gangrene
B. Cellulitis
C. Deep vein thrombosis (DVT)
D. Wet gangrene
ANS: A

**53. Post-appendectomy, a patient develops necrosis around the surgical wound. What is the most likely diagnosis?**

A. Necrotizing fasciitis
B. Abscess
C. Infection
D. Perforation
ANS: A

54. **At what point does the fetal period begin during pregnancy?**
A. From 12 weeks to term
B. From 9 weeks to term
C. From 4 weeks to term
D. From 5 weeks to term
**ANS:** B

55. **What is the drug of choice for oral thrush?**
A. Nystatin
B. Amphotericin B
C. Fluconazole
D. Metronidazole
**ANS:** A

56. **A patient with absolute constipation presents with signs of perforation on abdominal X-ray. What is the next management step?**
A. Nasogastric (NG. tube insertion)
B. CT Scan
C. Abdominal exploration (laparotomy)
D. Analgesia
**ANS:** C

57. **Which drug is the first-line treatment for absence seizures in children?**
A. Diazepam
B. Phenytoin
C. Ethosuximide
D. Carbamazepine
**ANS:** C

58. **Child presenting with staring of eyes, which type of seizure is most likely?**
A. Petit mal seizure
B. Clonic seizure
C. Grand mal seizure
D. Febrile seizure
**ANS:** A

59. **In a patient with a palpable epigastric mass, pain radiating to the back, which complication is most likely?**
A. Rupture
B. Perforation
C. Abscess
D. Obstruction
**ANS:** A

60. **A patient with hyperventilation due to anxiety breathes into a paper bag. What acid base disorder is likely induced by the action?**
A. Respiratory alkalosis
B. Respiratory acidosis
C. Metabolic alkalosis
D. Metabolic acidosis
**ANS:** A

61. **Which parasite exhibits trophozoite cysts in stool samples?**
A. Giardia lamblia
B. Entamoeba histolytica
C. Salmonella
D. Cryptococcus
**ANS:** B

62. **Where is the most common site of an amoebic abscess?**
A. Liver
B. Colon
C. Lung
D. Kidney
**ANS:** A

63. **Which medication is the treatment of choice for trophozoite cysts in stool?**
A. Mebendazole
B. Metronidazole
C. Ciprofloxacin
D. Ketoconazole
**ANS:** B

64. **In a patient with sickle cell disease, low hemoglobin and tender abdomen, with an unremarkable ultrasound, what is the most likely diagnosis?**
A. Osteomyelitis
B. Parvovirus infection
C. Splenic sequestration crisis
D. Dactylitis
**ANS:** C

65. **For left heart failure-induced congestive heart failure and hyspnea, what is the treatment of choice?**
A. Furosemide
B. Spironolactone
C. Acetazolamide
D. Mannitol
**ANS:** A

**66. Gingival hyperplasia is most commonly associated with the use of which medication?**
A. Carbamazepine
B. Phenytoin
C. Levocetirizine
D. Benzodiazepines
ANS: B

**67. Where is the action potential primarily generated in the heart?**
A. SA node
B. AV node
C. Purkinje fibers
D. Bundle of His
ANS: A

**68. A woman with a BMI of 35 and multiple ovarian cysts is most likely experiencing which condition?**
A. PCOS (Polycystic Ovary Syndrome)
B. Klinefelter syndrome
C. Turner Syndrome
D. Cushing syndrome
ANS: A

**69. What is the long-term treatment modality for bronchiectasis?**
A. Prophylactic antibiotics
B. Corticosteroids
C. Postural drainage
D. Analgesics
ANS: B

**70. What is the recommended treatment for chickenpox?**
A. Topical acyclovir
B. Oral acyclovir
C. Topical hydrocortisone
D. NSAIDs
ANS: B

**71. A patient presenting with ascites, esophageal varices and leg edema is most likely suffering from which condition?**
A. Liver cirrhosis
B. Thrombocytopenia
C. Hypoalbuminemia
D. Splenomegaly
ANS: A

**72. Which of the following is a poor prognostic factor in liver cirrhosis?**
A. Hypoglycemia
B. Prolonged PT (prothrombin time)
C. Splenomegaly
D. Anemia

**73. Which hormone deficiency is characteristic of Addisonian crises?**
A. Ach (acetylcholine)
B. Cortisol
C. Prolactin
D. ADH (Antidiuretic hormone)
ANS: B

**74. A patient presenting with abdominal pain, vomiting, "current jelly" stool, and a "claw sign" on examination likely has which condition?**
A. Intussusception
B. Diverticulitis
C. Hirschsprung disease
D. Volvulus
ANS: A

**75. What is the fluid of choice in burn patients?**
A. Normal saline
B. Ringer lactate
C. Dextrose
D. Bicarbonate
ANS: B

**76. What is the most appropriate initial management for a patient with a painful swelling in the right calf, confirmed to have deep vein thrombosis on duplex ultrasound following hip replacement surgery?**
A. Warfarin
B. Fresh frozen plasma (FFP)
C. Anterior vena cava filters
D. Heparin
ANS: D

**77. What is the most common age group for febrile convulsions?**
A. 2 months to 5 years
B. 5 months to 10 years
C. 6 months to 5 years
D. 7 months to 8 years
ANS: C

78. Which antidote is used in paracetamol overdose?
A. Flumazenil
B. Naloxone
C. Naltrexone
D. N-Acetylcystine
ANS: D

79. What is the ratio of chest compressions of breath during the resuscitation of a new born?
A. 3 compressions to 1 breath
B. 5 compressions to 1 breath
C. 7 compressions to 1 breath
D. 9 compressions to 1 breath

80. According to the Integrated Management of Childhood Illnesses (IMCI), what is the diagnosis for an 8 month old unimmunized child presenting with cough, breathing difficulty, and subcostal recessions?
A. Bronchiolitis
B. No Pneumonia
C. Very severe disease
D. Pneumonia
ANS: A

81. An 8-year old girl presents in OPD with facial puffiness for two days. She is passing cola colored urine. She has some periorbital swelling and edema feet. Her urine examination reveals, proteinuria+, WBC's 3-4/HPF, few RBCs and granular cast. Which one of the following is the most likely diagnosis?
A. Hemolytic Uremic syndrome
B. Acute Post-streptococcal glomerulonephritis
C. IgA nephropathy
D. Nephrotic syndrome
ANS: B

82. A 17-month old child presented with a history of sudden onset of noisy breathing and cough while playing in his playroom. On examination, he is in respiratory distress, has stridor, a respiratory rate of 55 breaths/ min, temperature of 98.6oF. Chest auscultation revealed wheeze and decreased air entry over the right sided of the chest. What is the most likely diagnosis?
A. Acute laryngotracheobronchitis
B. Acute severe asthma
C. Foreign body inhalation
D. Acute epiglottitis
ANS: C

83. A young patient presents in the emergency room with a history of acid splash in the eyes while working in a factory about half an hour ago. Which of the following is the immediate step in the management?
A. Copious irrigation
B. Topical steroids
C. Topical antibiotic
D. Ocular examination
ANS: A

84. Patient presents with advanced keratoconus. Which of the following refractive errors is expected at this stage?
A. Hypermetropia
B. Myopia
C. Prebyopia
D. Astigmatism
ANS: D

85. A patient presents with pain, redness, and visual loss on the second postoperative day of cataract surgery. On examination, there is ciliary congestion, corneal edema, and hypopyon. What is the most probable diagnosis?
A. Bacterial endophathalmitis
B. Acute congestive glaucoma
C. Bacterial corneal ulcer
D. Acute anterior uveitis
ANS: D

86. **A one year old child presents with a history of poor feeding and cyanosis for the past few months. On examination, the child has central cyanosis, clubbing, and an ejection systolic murmur of grade 3 at the 2nd left intercostal space along the sternal border. What is the most likely diagnosis?**

A. Epstein anomalies

B. Hypoplastic left heart syndrome

C. Tetralogy of Fallot

D. Transposition of great arteris

ANS: C

87. **Which condition is characterized by Hyperglycemia, Glycosuria, and ketoacidosis in children?**

A. Diabetes insipidus

B. Diabetes Mellitus Type I

C. Renal glycosuria

D. Renal tubular acidosis

ANS: B

88. **A what age is the Rotavirus vaccine administered to an infant according to the EPI schedule?**

A. 2 & 6 weeks

B. 4 & 8 weeks

C. 6 & 10 weeks

D. 8 & 12 weeks

ANS: C

89. **A grand multipara presents in active labor for the last 2 hours. Vaginal examination reveals Brow presentation. Which one of the following is the most likely next step in management?**

A. Immediate cesarean section

B. Exclude cord prolapse

C. Await spontaneous flexion into a face presentation

D. Maintain portogram

ANS: C

90. **A 17-year old girl is brought to the OPD by her mother. She complains of infrequent, scanty periods. On examination, increased hair growth is noted on her face and chest. Her body mass index is 32 kg/m2. Ultrasound shows multiple small peripherally arranged cysts in both ovaries. What is the most likely diagnosis?**

A. Dermoid cyst

B. Polycystic ovary syndrome (PCOS)

C. Pelvic inflammatory disease

D. Ovarian carcinoma

ANS: B

91. **A 59-year old woman has a 6 month history of urinary incontinence on coughing an straining. What is the most likely cause of her symptoms?**

A. Detrusor instability

B. Overflow incontinence

C. Urge incontinence

D. Stress incontinence

ANS: D

92. **A 25-year old obese woman, G2P1 at 18 weeks' gestation, has a history of Gestational Diabetes Mellitus in her previous pregnancy. What test will you advise to screen for Gestational Diabetes Mellitus in this pregnancy?**

A. Random blood sugar

B. Fasting blood sugar

C. Oral glucose tolerance test

D. Check urine for glycosuria

ANS: C

93. **A 26-year old primigravida with a normal BMI presents at her booking visit. What is the appropriate weight gain to be achieved by this patient throughout the pregnancy?**

A. 5-9 kg

B. 7-11 kg

C. 11-16 kg

D. 16-20 kg

ANS: C

94. A 35 year old multigravida is brought to the emergency department at 33 weeks gestation with generalized fits. On examination, the patient is unconscious, with a blood pressure of 170/120 mmHg, pulse of 80 bmp, and urine albumin 2+. What will be the drug of choice to control her fits?

A. Magnesium Sulphate
B. Phenobarbitone
C. Phenytoin Sodium
D. Valium Infusion
ANS: A

95. Which of the following hormones causes lastational amenorrhea?

A. Inhibin
B. Estrogen
C. Prolactin
D. TSH
ANS: C

96. A 13 year old boy sustains a closed stable fracture of the right distal ribia. After reduction and application of a POP cast, he complains of excessive calf pain and numbness of toes on the right side. What is the most appropriate immediate step?

A. X-ray to check for reduction
B. Elevate the limb 5-10 degrees
C. Elevate the limb by 60 degrees
D. Remove the POP cast
ANS: D

97. Which one of the following is the commonest cause of primary spontaneous pneumothorax?

A. COPD
B. Bullous lung disease
C. Interstitial lung disease
D. Tuberculosis
ANS: B

98. A 28-year old G3P2+0 at 24 weeks presents with lethargy and palpitation. Her investigations shows HB 8g/dl, Hct is 28%, MCV 75 fL, MCH 20 pg/cell, MCHC 21 g/dl. What is the treatment of choice for her?

A. Blood transfusion
B. Iron Sucrose
C. Ferrous sulfate
D. Dietary advice
ANS: A

99. An Rh-negative primigravida has delivered a baby 2 hours ago. Her husband and and the baby are Rh-positive. When should she ideally receive anti-D gamma globulin in order to prevent Rh sensitization?

A. Within 24 hours
B. Within 48 hours
C. Within 72 hours
D. Within 96 hours
ANS: C

100. A 60-year-old woman presents to OPD with postmenopausal bleeding. Her endometrial sampling was done, and histopathology report shows hyperplasia with atypia. What will be the best treatment option for her?

A. Chemotherapy and radiotherapy
B. Levonorgestrel intrauterine system
C. Oral progesterone
D. Hysterectomy
ANS: D

101. Which microorganisms have a pear-shaped bilobed nucleus?

A. Giardia
B. Entamoeba histolytica
C. H. pylori
D. Neisseria gonorrhea
ANS: A

102. What is the most common cause of urinary tract infections (UTI)?

A. E.coli
B. Staph aureus
C. Chlamydia trachomatis
D. Hemophilus
ANS: A

103. In a specific area where a large number of people are affected by Vibrio cholera infection, the Health Ministry of Health and Medical Care Institute (HMCI) aims to control the outbreak. What is the best option?

A. Provide clean water
B. Public education
C. Diarrhea control
D. Medicines
ANS: A

**104. What is the investigation of choice for deep vein thrombosis (DVT)?**
A. Doppler ultrasound
B. Venography
C. CT scan
D. ERCP
ANS: A

**105. A person presents with an inability to perform rapid alternating muscle movements. What is the likely condition?**
A. Bradykinesia
B. Dysdiadochokinesia
C. Tremors
D. Congnitive Impairment
ANS: B

**106. A mother with 0+ve blood group, baby, and father has B+ve:**
A. Abo incompatibility
B. Rh incompatibility
C. Hemolysis Syndrome
D. Jaundice
ANS: A

**107. A patient with spinal cord injury and urinary incontinence will suffer from:**
A. Neurogenic Shock
B. Cardiogenic Shock
C. Hypovolemic Shock
D. Obstructive Shock
ANS: A

**108. A 50-year old male presents with bleeding per rectum. Digital examination suggests a mass at the tip of the examining finger, raising doubts of rectal cancer. Which investigation will help in diagnosis?**
A. CT Scan
B. Endo-luminal ultrasound
C. Bone Scan
D. Colonoscopy & biopsy
ANS: D

**109. A pedestrian hit by a vehicle sustained a lacerationon his left upper arm. After recovery, he developed trismus, opisthotonus, and fits. What is the most likely diagnosis?**
A. Tetanus
B. Epilepsy
C. Epidural hematoma
D. Depression
ANS: A

**110. In a case of spinal anesthesia with persistent Post Dural Puncture Headache (PDPH), what is the best treatment?**
A. Caffeine drinks
B. Intravenous fluids
C. Epidural blood patch
D. Abdominal binders
ANS: C

**111. Stipping sign is a characteristic of which of the following types of swellings?**
A. Fibroma
B. Lipoma
C. Neurofibroma
D. Sebaceous cyst
ANS: B

**112. A 54 year old man presented with a growth on his lower lip. Biopsy confirmed a malignant lesion. What is the most likely diagnosis?**
A. Squamous cell carcinoma
B. Basal Cell Carcinoma
C. Malignant Melanoma
D. Melanoma
ANS: A

**113. A boxer presents with a swelling and deformity on the right pinnA. What is the most likely complication?**
A. Bat ear
B. Cauliflower ear
C. Loop ear
D. Meatal Stenosis
ANS: B

**114. A 19 year old boy underwent tonsillectomy. On the 8th post-operative day, he developed fever and started spitting blood. What is the most likely cause of this complication?**
A. Incomplete removal of tonsils
B. Reactionary hemorrhage
C. Secondary hemorrhage
D. Primary hemorrhage
ANS: C

**115. A 38-year old patient presents with recurrent attacks of vertigo, fluetuating hearing loss, tinnitus, along with nausea and vomiting for the last 2 years. What is the most likely diagnosis?**
A. Meniere's Disease
B. Benign Positional Vertigo
C. Acute labyrinthitis
D. None
ANS: A

116. A young man has a history of ocular trauma with some object while working with a chisel and hammer. Metallic intraocular foreign body is suspected. Which investigation is contraindicated?
A. CT scan
B. B scan ultrasonography
C. MRI
D. Plain X-ray
ANS: C

117. Which cranial nerve paralysis causes diplopia and inward deviation of one eye in a diabetic patient?
A. 4th
B. 3rd
C. 5th
D. 7th
ANS: B

118. A 30-year old male presents with pain, redness, decreased vision, and photophobia for one week. On examination, there are cells, flare, and posterior synechiae. What is the most appropriate treatment?
A. Timolol
B. Histazoline
C. Atropine
D. Toramycin
ANS: C

119. A 10 year old child presents with four attacks of sore throat every six months for the last 2 years. On examination, tonsils are hypertrophic. What is the best treatment option?
A. Tonsillectomy
B. IV antibiotic
C. Incision and drainage
D. Oral antibiotic
ANS: A

120. A 45-year old female presents with a history of nasal obstruction and occasional epistaxis. On examination, unusually wide nasal cavities with foul-smelling greenish crusts are seen. What is the most likely diagnosis?
A. Allergic rhinitis
B. Hypertrophic rhinitis
C. Atrophic rhinitis
D. Infective rhinitis
ANS: C

121. Treatment of H.Pylori infection:
A. Clarithromycin, Amoxicillin, Omeprazole
B. Clindamycin
C. Aminoglycosides
D. None
ANS: A

122. A 32 year old female presents in the ER with diabetes and blood sugar level is 220. How to manage?
A. Insulin
B. Glipizide
C. Metformin
D. PPI
ANS: C

123. Management of diabetic ketoacidosis (DKA):
A. Regular insulin
B. Basaglar
C. INH
D. Lispro
ANS: A

124. When is diabetes mellitus confirmed?
A. 126
B. 110
C. 120
D. 118
ANS: A

125. A bedridden patient for more than 3 weeks presents with non-tender leg swelling. What is the diagnosis?
A. Cellulitis
B. Edema
C. DVT
D. Abscess
ANS: C

126. Cardiac arrest in a CKD patient is due to:
A. Hyperkalemia
B. Hypokalemia
C. Hyponatremia
D. Hypomagnesemia
ANS: A

127. Hyperventilation due to anxiety results in:
A. Elevated pH and low CO2
B. Low pH and low CO2
C. Elevated pH and elevated CO2
D. Low pH and low CO2
ANS: A

**128. Serum marker for benign prostatic hyperplasia (BPH):**
A. PSA
B. AFP
C. ALP
D. CA-125
**ANS: A**

**129. Serum marker for hepatocellular carcinoma (HCC):**
A. PSA
B. AFP
C. ALP
D. CA-125
**ANS: B**

**130. Caseous necrosis is seen in:**
A. Tuberculosis
B. Syphilis
C. Sarcoidosis
D. Crohn's disease
**ANS: A**

**131. A patient presents with muffled heart sounds, hypotension, and raised JVP. What is the likely diagnosis?**
A. Cardiac Tamponade
B. Pericarditis
C. Pneumothorax
D. SLE
**ANS: A**

**132. A patient presents with burns involving the head, neck, chest front, and abdominal front What percentage of the body surface area is affected?**
A. 17%
B. 27%
C. 30%
D. 35%
**ANS: B**

**133. In polycystic ovary syndrome (PCOS):**
A. Low FSH and LH
B. High FSH and low LH
C. Normal FSH and high LH
D. None
**ANS:**

**134. Maximum tourniquet application time during arm surgery:**
A. 1 hour
B. 2 hour
C. 3 hour
D. 4 hour
**ANS: B**

**135. Treatment for complications of isoniazid (INH):**
A. Vitamin B6
B. Vitamin B9
C. Vitamin B12
D. Vitamin D
**ANS: A**

**136. A woman working in an NGO desires long-acting contraception. What is the most effective option?**
A. Oral contraceptive
B. Intrauterine device
C. Progesterone-only
D. Methotrexate
**ANS: B**

# DIAGNOSTIC TRIADS TO DIAGNOSE VARIOUS CONDITION

| SYNDROME | TRIADS OF SYMPTOMS TO DIAGNOSE |
|---|---|
| 1. Triad of Alport's Syndrome | • Sensorineural Deafness<br>• Progressive Renal Failure<br>• Ocular anomales |
| 2. Triad of Behcet's Syndrome | • Recurrent Oral ulcers<br>• Genital Ulcers<br>• Iridocycitis |
| 3. Charcot's triad: seen in ascending cholangitis | • Intermittent Pain<br>• Intermittent Fever<br>• Intermittent Jaundice |
| 4. Gredenigo's Triad | • 6th CN Palsy<br>• Persistent Ear Discharge<br>• Deep seated Retro-Orbital Pain |
| 5. Triad of Hypernephrome | • Pain<br>• Hematuria<br>• Renal Mass |
| 6. Hutchinson's Triad | • Hutchinson's Teeth<br>• Intestinal Keratitis<br>• Nerve Deafness |
| 7. Triad of Kwashiokar | • Growth Retardation<br>• Mental Changes<br>• Edema |
| 8. Saint's Triad | • Gall stones<br>• Diverticulosis<br>• Hiatus Hernia |
| 9. Trotter's Triad | • Conductive deafness<br>• Immobility of Homolateral Soft Palate<br>• Trigeminal Neuralgia |
| 10. Virchow's triad | • Stasis<br>• Hypercoagulability<br>• Vessel Injury |
| 11. Congenital Rubella Syndrome | • PDA<br>• Deafness<br>• Cataract |
| 12. Samter's Triad (AKA: Aspirin triad Acetylsalicyllic acid or Widal's triad or Francis' triad) | • Aspirin Sensitivity<br>• Bronchial Asthma<br>• Nasal Polyp |
| 13. Grancher's triad | • Lessened vesicular quality of breathing<br>• Skodaic resonance<br>• Increased vocal fremitus seen in early pulmonary tuberculosis |
| 14. Osler's triad | • Telengiectasia<br>• Capillary fragility<br>• Hereditary hemorrhagic diathesis seen in hereditary hemorrhagic telangiectasia |

| | |
|---|---|
| **15. Batter's Syndrome** | • Metabolic Alkalosis<br>• Hypokalemia<br>• Normal or Decreased BP |
| **16. Weil's Disease** | • Hepatorenal Damage<br>• Bleeding Diathesis<br>• Pyrexia |
| **17. Meniere's Disease** | • Vertigo<br>• Tinnitus<br>• Sensorineural Hearing Loss |
| **18. Melkersson Rosenthal Syndrome** | • Recurrent Facial Palsy<br>• Plication of Tongue<br>• Facial Edema |
| **19. Parkinsonism** | • Rigidity<br>• Tremor<br>• Hypokinasia |
| **20. Cushing's triad** | • Bradycardia<br>• Hypertension<br>• Irregular respirations in increased intracranial pressure |
| **21. Kartagener's Syndrome** | • Bronchiectasis<br>• Recurrent Sinusitis<br>• Situs Inversus |
| **22. Hemobilia (Triad of Sandblom)** | • Malena<br>• Obstructive Jaundice<br>• Biliary Colic |
| **23. Murphy's triad: Seen in acute appendicitis** | • Pain in Right iliac fossa<br>• Vomiting<br>• Temperature (Fever) |
| **24. Whipple's Triad: seen in Insulinoma** | • Features of hypoglycemia<br>• Blood sugar less than 45%<br>• Symptoms are relieved by glucose |
| **25. Posterolateral bochdalek hernia** | • Respiratory distress<br>• Dextrocardia<br>• Scaphoid Abdomen |
| **26. Diabetic Mellitus** | • Hyperglycemia<br>• Ketonemia<br>• Anon gap, Metabolic acidosis |
| **27. Diabetes mellitus** | • Polyuria<br>• Polyphagia<br>• Polydipsia |
| **28. Reiter Syndrome** | • Conjunctivitis<br>• Keratoderma blenorrhagica<br>• Urethritis |
| **29. Hypersplenism** | • Splenomegaly<br>• Pancytopenia<br>• Normal or hyper cellular bone marrow |
| **30. Meig's Syndrome** | • Ascitis<br>• Pleural effusion<br>• Ovarian tumor or cyst |
| **31. The triad of renal carcinoma** | • Hematuria<br>• Flank pain<br>• A palpable abdominal/renal mass |

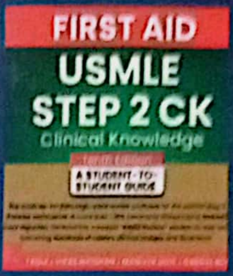
| | |
|---|---|
| 32. Acute Poststreptococcal Glomerulonephritis (APGN) | • Edema<br>• Hypertension<br>• Hematuria |
| 33. Triad of congenital toxoplasmosis | • Chorioretinitis<br>• Intracranial calcifications<br>• Hydrocephalus |
| 34. Vasa previa | • Rupture of membranes<br>• Painless vaginal bleeding<br>• Fetal bradycardia |
| 35. Hemolytic uremic syndrome | • Microangipathic Hemolytic anemia<br>• Uremia (Renal Injury)<br>• Thrombocytopenia |
| 36. Measles triad | • Cough<br>• Coryza<br>• Conjunctivitis |
| 37. West Syndrome triad | • Infantile spasms<br>• Developmental regression<br>• Dramatically abnormal EEG pattern (Hypsarrhythmia) |
| 38. Dany-Walker malformation triad: | • Complete or partial agenesis of the cerebellar vermis<br>• Cystic dilation of the fourth ventricle<br>• Enlarged posterior fossa |
| 39. Weber Syndrome (Kippel/Trenaunay) | • Capillary and venous malformations<br>• Venous varicosities<br>• Hyperplasia of the soft tissues and often bones of the involves area |
| 40. Triad of TTP (70% of pt) (Thrombotic thrombocytopenic purpura) | • Thrombocytopenia<br>• Microangiopathic haemolytic anaemia (MAHA)<br>• Neurologic abnormalities |
| 41. Triad of normal pressure hydrocephalus is: | • Gait disorder<br>• Urinary incontinence<br>• Dementia |
| 42. Triad of Kartagener syndrome (male infertility) | • Chronic sinusitis<br>• Bronchiectasis<br>• Dextrocardia (Situs inversus) |
| 43. Reactive Arthritis triad | • Hurts to see (conjunctivitis)<br>• Hurts to pee (urethritis)<br>• Hurts to bend your knee (arthritis) |
| 44. Churg Strauss Syndrome | • Kin lesions<br>• Asymmetric mononeuritis multiplex<br>• Eosinophilia |
| 45. Triad of Klippel Feil Syndrome | • Low hair line<br>• Short neck<br>• Limited neck movement |
| 46. Pernicious Anemia | • Weakness<br>• Sore tongue<br>• Paresthesia |
| 47. Buddchairy Syndrome | • Splenomegaly<br>• Ascitis<br>• Abdominal Pain |

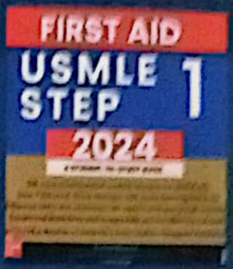
| | |
|---|---|
| 48. Beck's triad of cardiac tamponade (3 D's) | • Raised JVP (Distended neck vein)<br>• Hypotension (Decreased Arterial Pressure)<br>• Mufflex heart sounds (Distant Heart sound) |
| 49. Tension pneumothorax | • Raised JVP<br>• Hypotension<br>• Deviation of trachea |
| 50. Triad of Wernicke Encephalopathy | • Confusion<br>• Opthalmoplegi<br>• Ataxia |
| 51. Classic triad for aortic stenosis | • Chest pain<br>• Heart failure<br>• Syncope |
| 52. Vogts triad in Tuberous Sclerosis | • Seizures<br>• Mental deficit<br>• Adenoma Sebaceum |
| 53. Classical triad of pyonephrosis | • Anemia<br>• Fever<br>• Swelling in the loin |
| 54. Triad of consolidation | • Bronchial breathing<br>• Whispery Pectorali<br>• Coarse Expiratory |
| 55. Triad of urethral trauma | • Blood at the urethral meatus<br>• Inability to urinate<br>• Palpably full bladder |
| 56. Classic triad of pheochromocytom | • Episodes of palpitations<br>• Headaches & profuse sweating<br>• Association with episodic or sustained hypertension |
| 57. The Classic triad of myeloma | • Marrow plasmacytosis (>10%)<br>• Lytic bone lesions<br>• Serum and / or urine M component |
| 58. Unhappy Triad for knee Injury | • ACL<br>• MCL<br>• Medial Meniscus Injury |
| 59. Rigler's triad for Gallstone ileus | • Small bowel obstruction<br>• A gallstone outside the gallbladder<br>• Air in the bile ducts |
| 60. Triad of Causes of Biotin Deficiency | • Glossitis<br>• Alopecia<br>• Dermatitis |
| 61. Triad of Henoch-Schonlein Purpura (IgA vasculitis) | • Palpable purpura on buttock/legs<br>• Arthralgias<br>• Abdominal pain |
| 62. Triad of Plummer-Vinson Syndrome | • Iron deficiency anemia<br>• Dysphagia<br>• Esophageal Webs |

| | |
|---|---|
| 63. Triad of Kwashiorkor | • Growth retardation<br>• Mental changes<br>• Edema |
| 64. Tetany in Children-Triad | • Stridor<br>• Carpopedal Spasm<br>• Convulsions |
| 65. Meltzer's triad of Boerhaave Syndrome | • Purpura<br>• Arthralgias<br>• Weakness/myalgias |
| 66. Alkaptonuria Triad | • Ochronotic arthritis<br>• Ochronotic pigmentation<br>• Urine darkens on standing |
| 67. Meckler's triadn of Cryoglobulinemia | • Vomiting<br>• Pain<br>• Subcutaneous emphysema |
| 68. Phenylketonuria (PKU) | • Blue eyes<br>• Mental retardation<br>• Change in hair color |
| 69. Carney's triad is | • Gastric GIST<br>• Paragangliomas<br>• Pulmonary chondromas |
| 70. Paraphenylalanine diane (PPD) poisoning triad | • Angioneurotic edema with stridor<br>• Rhabdomyolysis with chaclate coloured urine<br>• Acute Renal faillure |
| 71. Atopy triad | • Asthma<br>• Allergic rhinitis<br>• Eczema |
| 72. Triad of Pontine Hemorrhage | • Pyrexia (High rise of Temp)<br>• Pin Point Pupil<br>• Quadriplagia |
| 73. Triad of cerebellar hemorrhage | • Appendicular ataxia -> ipsilateral<br>• Peripheral facial palsy -> ipsilateral<br>• Horizontal gaze palsy -> ipsilateral |

# ACE THE NRE

## A MEDICAL EXAM PREPARATION BOOK


FIRST AID
USMLE
STEP 2 CK
Clinical Knowledge


FIRST AID
USMLE
STEP 1
2024

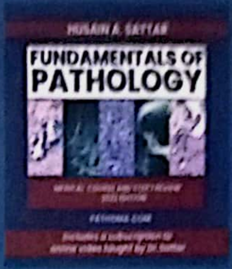
**Introduction:**

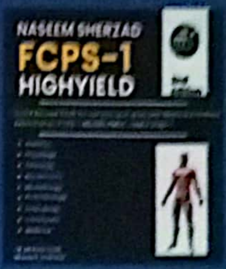
At Doctor Medical Lectures Platform, we are dedicated to empowering aspiring medical professionals by providing exceptional preparation for the MBBS examinations. With more than 6,000 students achieving their goals through our platform, our success is a testament to the effectiveness of our preparation programs. If you are ready to take the next step towards a successful medical career, the Doctor Medical Lectures Platform is here to support you every step. Join the ranks of over 6,000 successful students who have trusted us with their preparation journey.

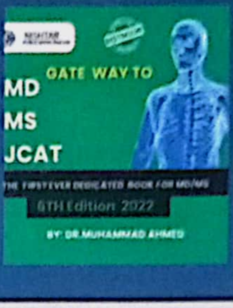
**Dr. Sadiq Ali**
(MBBS, FCPS-I, MRCP-I)
CEO of Doctor Medical Lectures Academy

http://www.dmlec.com

Doctor Medical Lectures Academy


HUSAIN A. SATTAR
FUNDAMENTALS OF PATHOLOGY


NASEEM SHERZAD
FCPS-1
HIGHYIELD


GATE WAY TO
MD
MS
JCAT
8TH Edition 2022
BY: DR MUHAMMAD AHMED

MEDICAL COUNCIL OF INDIA
1933
MCI for INDIAN STUDENTS

**GANGARAM JINNAH MEDICAL BOOKSHOP LAHORE**
Opp. Main Gate, Fatima Jinnah Medical University,
Shop # 10 Fatima Center Queen's Road, Lahore
Tel: 042-36299585
**For Home Delivery All over Pakistan**
0321-2066562 0345-2562887

**GANGARAM JINNAH MEDICAL BOOKSHOP MULTAN**
Shop 8, Mehroze Arcade Opposite
Nisther Emergency block, Nishter Road Multan
Tel: 0614500444
**For Home Delivery All over Pakistan**
0300-4546624 0314-2111545

**ALL KINDS OF MEDICAL BOOKS DELIVERY ALL OVER PAKISTAN**
**0321-2066562, 0345-2562887**
**f /gangaramjinnahbooks**

**WINCO MEDICAL BOOK SHOP**
Opp. Main Gate, Dow Medical University, Karachi
**For Home Delivery All over Karachi**
Email : wincomedical@gmail.com
Tel : 021-32715509
**For Call & Whatsapp**
0321-9215741 | 0345-9215741
0300-9215741 | 0334-9215741

**BOOKS N BEYOND**
MCB Bank Road, 148-B, Near Chugtai Lab & Baba Tower,
Gulgasht Colony, Multan.
**For Home Delivery All Over Pakistan**
0311-1134466 0309-7271940 ☎ 061 6217975

*Visit us:* **www.jinnahmedicalbooks.com**

IF U WANNA PUBLISH YOUR WORK, MOVE WITH PAKISTAN'S BIGGEST PUBLISHING COMPANY
**NISHTAR PUBLICATIONS PVT LTD. 0341-4300684**
Visit us: www.nishtarpublications.com

NISHTAR
PUBLICATIONS (Pvt). Ltd.
10-A, Model Town, Multan - Pakistan
Phone: 0334-6344400 - 0321-2066562
E-mail: info@nishtarpublications.com
web: www.nishtarpublications.com

NISHTAR PUBLICATION
9795000000253